CONFIDENTIAL

Report of the Advisory Committee on the Development of Programs and Services to Seniors in New Brunswick

February 1985

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* Following a United Nations practice the term "elderly" has been replaced throughout this report, wherever possible, by the word "aging".

** The term "Committee" or "Advisory Commitee" is used throughout this report as substitution for "The Advisory Committee on the Development of Programs and Services to Seniors in New Brunswick".

INTRODUCTION

In May of 1983, the Advisory Committee on the Development of Programs and Services to Seniors in New Brunswick presented an interim report to the Premier, the Honourable Richard Hatfield.

In March of 1984, a second, more substantial report, outlining the progress of our study, was given. We are now pleased to present this more comprehensive report.

The mandate of the Advisory Committee was to study the needs of the aging in the Province and to recommend to government programs and services to seniors.

With the results of this survey in hand, we now propose a new strucure to government, as aging is no longer an issue of tomorrow, it is an issue that must be addressed today.

To improve the quality of life of New Brunswick's aging population, and to build a better future, we must continue to promote research as being done by the Centre d'études du vieillissement at the Université de Moncton.

We feel it necessary at this time to thank Premier Richard Hatfield and the Honourable Brenda Robertson. Without their support, and that of many others, this study would not have been possible.

We would also like to pay tribute to two individuals whose contribution to this report and to the promotion of the betterment of life of seniors in New Brunswick was invaluable: the late Dr. Roy Creamer and Madame Blanche Bourgeois.

I. CREATION OF ADVISORY COMMITTEE

1. Establishment of the Committee

The number of senior citizens and the proportion of the aging to the total population of New Brunswick is growing and will continue to grow significantly over the next two decades. This demographic trend presents, and will continue to present, serious implications for governments:

- higher demand levels for Government funded programs and services for the aging;
- higher demand levels exerted on the Health Care System;
- upward shift in the dependency ratio;
- greater visibility of the problems of seniors through better organized lobby groups.

The Government of New Brunswick has chosen to address the future. On April 6, 1982 in Fredericton, the Premier of New Brunswick, the Honourable Richard Hatfield announced the establishment of the Advisory Committee on the Development of Programs and Services to Seniors. (1)

In recognition of the rapidly changing needs of New Brunswick's senior citizens, the Advisory Committee was established to assist the provincial government in confronting new challenges and to make the government aware of existing or potential problems or issues concerning its aging population.

The mandate of this committee was to focus on the assessment and development of programs and services to senior citizens.

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(1) Appendix I, Premier's Speech from the Throne, p. 106

The Advisory Committee was responsible for

- summarizing the needs and concerns of senior citizens in New Brunswick based on existing information and
- reviewing the historical development of government programs and services for the aging;
- evaluating present government policies relating to the aged and, where necessary, recommending policy options to the Government;
- evaluating the need for a permanent body representing seniors;
- subject to the above, recommending an organizational format for this body and suggesting the terms of reference for such a body.

Under its terms of reference it was agreed the Advisory Committee would be established under the direction of a chairperson, appointed by and reporting to the Premier. The Committee was comprised of nine members from organizations and disciplines related to the concerns of the aged. (2) The members represented geriatric medicine, the New Brunswick Senior Citizens Federation, government, (3) nursing and volunteer organizations, nursing homes, the academic community and senior citizens at large.

In order to realize a comprehensive provincial survey, it was necessary to

- study existing documentation and ongoing research;
- exchange with specialists in the field of aging;
- prepare and distribute a questionnaire for the purpose of gathering the necessary data on the needs of the aging;
- hold public hearings and interviews throughout the province.

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(2) Appendix II, Committee Members, p. 109

(3) Due to the nature of the Advisory Committee's mandate, which comprised a study of government policy, objectivity was of paramount importance; therefore, it was decided, in consultation with the Premier, that the group would continue its work as a committee of non-governmental members.

2. Work Program of Advisory Committee

A province-wide survey was conducted by means of a series of public hearings, where briefs were presented and people interviewed. Also, a questionnaire was sent to seniors. The results of this survey were used in preparing our reports and in supplying important data for future use in the field of gerontology research.

To determine the needs of the aging, the Committee, in conducting the provincial survey, used as a guideline, Abraham Maslow's hierarchy of needs, based on the following five categories: physiological, safety and security, social, esteem and self-actualization.

In addition to this basic guideline, the development and progress of the Committee's research was aided by extensive consultation, collaboration and exchange with specialists (4) in the field of aging from both Canada and abroad, as well as indepth study of existing documents to determine what work had been accomplished by other groups. (5)

a) Development of questionnaire

In order to better determine the specific needs of the aging, it was decided that a questionnaire would be sent to 1/10th of the population in New Brunswick, aged 65 and over. Selection was done by computer from a list supplied by a government office of New Brunswick's senior citizens.

The text of the questionnaire was prepared by a team of six professors from the Université de Moncton: a sociologist, an economist, a physician, a specialist in methodology, a lawyer, and a gerontologist.

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(4) Appendix III, Specialists consulted, p. 110
(5) Appendix IV, Documents consulted, p. 111

Pre-test

The questionnaire as an instrument was evaluated by means of a pre-test. Using a list of parishioners in the city of Moncton, a copy of a questionnaire was sent to 1/10 of French-speaking senior citizens.

The distribution and collection of the questionnaires was carried out by a group of volunteer students formed for this purpose. This would have been the ideal procedure in continuing our study of the needs of the aging population in the province, but it was not possible due to the high cost of operation.

After the Moncton test, the questionnaire was revised. It was decided that before the final version of the questionnaire would be sent out across the province, the committee would proceed by sending a sampling to a certain part of the senior population on a trial basis to see if the questionnaire really met with this study's objectives.

Questionnaire I

Returning to our original government list of 7,784 senior citizens, 778 were chosen for the first sampling. Unfortunately, it turned out that the list was not up to date: some people on the list had died, others had moved without leaving a forwarding address, and some were young handicapped.

Questionnaires were to be sent by mail and were supposed to be collected by the New Brunswick Senior Citizens' Federation, in accordance with an agreement previously made between the Advisory Committee and the Federation.

The questionnaires were sent by mail, as previously stated, but the returns were not as good as expected.

This first operation fell short of our expectations due to many factors:

- The list of senior citizens in New Brunswick contained names of deceased persons, people too sick to reply, and incorrect addresses;

- Lack of support from some of the Clubs. At the request of the chairperson of the Advisory Committee, a letter had been sent by the President of the Senior Citizens Federation to each club in the various regions throughout the Province asking for teams of volunteers to help senior citizens fill out their questionnaire and then ensure that they were returned to the Advisory Committee. In many cases, nothing was done in the clubs after the receipt of the president's letter.

- The Advisory Committee was accused of engaging in political propaganda by distributing questionnaires during an election campaign, whereas it was merely carrying out its mandate.

It was noted that in certain regions, many questionnaires sent out were returned, while only a minimum number were returned in other regions. A complete list of towns and villages which participated or did not participate in the survey will be forwarded. It was also noted that the questionnaires returned after the hearings were of higher quality. People seemed to understand better, then, what the Advisory Committee was really trying to do.

Questionnaire I

Number of questionnaires sent:	778
Number of questionnaires returned:	456
Number of questionnaires answered:	377
Number of questionnaires unanswered:	79
Number of questionnaires lost:	322
Length of time:	3 months
Method used:	Mail and Volunteers

Questionnaire II

Again the questionnaire was revised with certain questions deleted or clarified. To reach the remaining 7,006 senior citizens, a new procedure for distributing and collecting the questionnaires was implemented.

It was decided that questionnaires would be sent only to those who had given their consent and who had expressed their intention to respond. The work of contacting these people was given to senior clubs.

We would like to add at this time that many seniors in the province were not contacted due to the fact that volunteers did not do their work, or, those who were contacted chose not to respond, or, as previously stated, were unavailable due to illness, a change of address, or death.

Questionnaire II

Number of questionnaires sent:	1942
Number of questionnaires returned:	1253
Number of questionnaires answered:	1100
Number of questionnaires unanswered:	153
Number of questionnaires lost:	689
Length of time:	6 months
Method used:	Mail and 52 Volunteers who participated actively

In total, 1,491 questionnaires were answered. (6) If we take into account that there are 70,550 seniors in the province the results represent 2.1% of New Brunswick's aging population. We feel that this number is sufficient to make this study representative as major studies use a sample of 1%. Although 2.1% is well below our original goal of achieving 10% of the aging in the province, the results provide a comprehensive sample.

Questionnaires I and II

Seniors on the list	7784
Seniors not contacted	3260
Seniors contacted	4544
Seniors who refused to participate	1804

Questionnaires sent	2720
Questionnaires returned	1709
Questionnaires returned answered	1491
Questionnaires returned unanswered	232
Questionnaires not returned	1011

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(6) Appendix V, p. 112

b) Public hearings

It was decided that the Advisory Committee would have meetings across the province, therefore, we divided the province according to the five Senior Citizens' Federation Regions.(7) Twenty-nine hearings were held in these regions and the exchange was an enriching and revealing element of the study.

Briefs

The Committee received 48 briefs from different associations and organizations which served as a vital element of the study of the aging population group. (8)

Interviews

During the hearings there were 105 interviews scheduled of which 80 took place. Interviews were held with individuals, organizations, institutions, associations and professionals working with, or on behalf of, the aged. In addition, interviews were held with politicians and senior citizens. In interview selection, it was the Committee's goal to give wide representation to those concerned with the quality of life of seniors.

Analysis of Content (9)

The content of Committee hearings, briefs and interviews has been compiled and categorized by subject. This data outlines specifically all comments directed to the committee by the public and is included at the end of this report.

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(7) Appendix VI, Location of Committee hearings, p. 145
(8) Appendix VII, List of briefs received, p. 147
(9) Appendix VIII, Analysis of content, p. 152

Summary

The Advisory Committee's study provides important data necessary to conduct and promote research which will improve the quality of life of the aged in New Brunswick. The results of this study open channels for continued research concerning the health, social, financial and psychological state of the province's aging. As results from our Research Centre at the Université de Moncton become available, we could, from time to time, send additional reports which would complement this study.

At this time we feel it necessary to note certain difficulties that were encountered during the course of our study.

The aim of the Advisory Committee was to study 1/10th of the senior population in New Brunswick. Difficulties experienced due to lack of cooperation from some Senior Clubs and some seniors themselves prevented the Committee from reaching its target goal. How to best reach all members of New Brunswick's aging population should be an immediate topic of research.

During public hearings the poorest people living in New Brunswick were not reached, nor were those who were not members of Senior Clubs.

Cooperation from those responsible for, working with, or on behalf of, the aging population, whether in government, in hospitals, or in volunteer groups, ranged from poor to excellent. The Committee was unable to obtain valuable and crucial documents from certain departments of the Provincial Government which were necessary to accomplish its mandate. This raises the very difficult question of whether those vested with such an important and mandatory responsibility are doing everything possible to ensure that the most basic needs of our aging population are being adequately met.

The media publicity did not result in the support it might have. The Committee regrets that such large amounts of money were spent, with such poor results. The Committee paid for newspaper advertisements, but in many cases, they were either not published or hidden in some obscure part of the newspaper.

II. NEW BRUNSWICK: AN AGING POPULATION

A. Demographic projections and tendencies

Before studying the needs of the aging in New Brunswick, it is essential to first consider the various characteristics of the province's aging population.

1. Demographic Profile (10)

a) Population of New Brunswick by age groups (11)

New Brunswick is an aging province. In 1971, the population of New Brunswick was 634,560, of whom 319,420 were men and 315,135 women.

- 203,105, or 32%, were between the ages of 0 and 14.
- 376,740 or 59.4%, were between the ages of 15 and 64.
- 54,700, or 8.6%, were aged 65 and over. (12)

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(10) We are following the Statistics Canada procedure of using confidentiality and random rounding. The figures shown in this report have been subjected to a confidentiality procedure known as "random rounding" to prevent the possibility of associating small figures with any individual. Under this method, all figures, including totals, are randomly rounded (either up or down) to a multiple of "5". This technique provides strong protection against direct, residual or negative disclosures without adding significant error to the census data. However, since totals are independently rounded, they do not necessarily equal the sum of individual rounded figures in distributions. Also, minor differences can be expected for corresponding totals and cell values in various census reports. Similarly, percentages, which are calculated on rounded figures, do not necessarily add to the total. Percentage distributions and rate for the most part are based on rounded data, while percentage changes and averages are based on unrounded data. (Statistics Canada, Census of Canada 1981, New Brunswick, E-562, p. x)

(11) Table I, N.B. Population by Age Group, p. 13

(12) Statistics Canada, Census of Canada 1971

In 1976, the population had increased by 6.7%, or 42,690 residents, for a total population of 677,250, broken down into 339,335 men and 337,915 women.

- 193,100, or 28.5%, were between the ages of 0 and 14. (a decrease of 4.9%, or 10,005 persons).
- 423,085, or 62.5%, were between the ages of 15 and 64. (an increase of 12.3%, or 46,345 persons).
- 61,075, or 9.0%, were aged 65 and over (an increase of 11.7%, or 6,375 persons). (13)

In 1981, the population had increased by 9.7% in relation to 1971 and by 2.8% in relation to 1976, or 61,843 more residents than in 1971 and 19,153 more than in 1976. Therefore, in 1981, the total population was 696,403, composed of 346,005 men and 350,400 women.

- 173,575 were between the ages of 0 and 14, a decrease of 14.5% or 29,530 in relation to 1971, and 10.1% or 19,525 in relation to 1976.
- 452,270 were between the ages of 15 and 64, an increase of 20.0% or 75,530 in relation to 1971, and 6.9% or 29,185 in relation to 1976.
- 70,550 were aged 65 and over, an increase of 29.0% or 15,850 in relation to 1971, and 15.5% or 9,475 in relation to 1976. (14)

Out of 70,550 senior citizens in the Province in 1981, there were 39,465 women and 31,085 men. (15)

By the year 2020, the senior citizen population will increase from 12.5%, its present percentage, to approximately 18-20%; in other words, it will almost double.

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(13) Statistics Canada, Census of Canada 1976
(14) Statistics Canada, Census of Canada 1981
(15) Ibid

Table 1 New Brunswick Population by age group(16)

	1971	1976	1981
0 - 14 years old	203 105	193 100	173 575
15 - 64 years old	376 740	423 085	452 270
65 years and over	54 700	61 075	70 550
Total Number	634 560	677 250	696 403
Number of Men	319 420	339 335	346 005
Number of Women	315 135	337 915	350 400

b) Population of New Brunswick by sex group

In New Brunswick there is a significant and growing imbalance in the number of men in relation to the number of women. Since 1961, there have been more women aged 65 and over than men. Figures in Table 2 illustrate this progression between 1971, 1976, and 1981.

Table 2 Population of New Brunswick by Sex Group (17)

	1971	1976	1981
Men	24,915	27,380	31,085
Women	29,790	33,700	39,465
Total	54,700	61,075	70,550

(16) Statistics Canada, Census of Canada 1971, 1976, 1981
(17) Ibid

c) Marital status of the aging in New Brunswick

The highest percentage of persons living alone occurs in the aging population due to life expectancy factors and the higher number of widows and widowers among those aged 65 and over.

At present, the number of aging people who are divorced or separated is still low in comparison with the general population and those who are married continue to form the majority. (see table 3). However, within two or three decades, the picture will change, and there will be a higher percentage of separated or divorced senior citizens.

Table 3 Marital Status of the Aging in New Brunswick (18)

		1971	1976	1981
Married	male	17,740	20,010	23,275
	female	11,765	13,275	15,915
	total	29,515	33,300	39,190
Widowed	male	4,250	4,270	4,425
	female	14,330	16,365	19,005
	total	18,575	20,630	23,430
Divorced	male	175	250	380
	female	135	210	385
	total	325	445	755
Single	male	2,740	2,865	3,010
	female	3,560	3,845	4,175
	total	6,300	6,700	7,175

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(18) Statistics Canada, Census of Canada 1971, 1976, 1981

d) Rural and urban distribution of the population aged 65 and over in New Brunswick and in Canada

In New Brunswick, the proportion of seniors living in rural areas is much higher than that of Canada as a whole (see table 4)

Table 4 Rural and Urban Distribution (19)

	New Brunswick		Canada	
	Rural	Urban	Rural	Urban
1971	43.6%	56.4%	24.3%	72.7%
1976	45.1%	54.9%	28.0%	72.0%

One of the difficulties in developing and implementing programs for the aging is the wider dispersion of population in the rural regions than in the urban centres.

As a result, it is difficult to ensure delivery of programs such as Community Based Services for Seniors, and special care and recreational programs to all senior citizens.

Also, in New Brunswick there is a higher number of women living in urban centres than men, doubtless related to the fact that the life expectancy of women is greater while men live longer in rural areas. (20)

A glance at the distribution of seniors by county shows that the highest number of the aging are living in the Westmorland and Saint John counties (see table 5)

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(19) Statistics Canada, Census of Canada 1971, 1976, 1981
(20) Canadian Governmental Report on Aging, p. 2

Table 5 Regional Distribution in New Brunswick - 65 and over (21)

REGION	1971	1976	1981
Albert	1,215	1,365	1,675
Carleton	2,685	2,830	3,115
Charlotte	3,185	3,390	3,855
Gloucester	4,985	5,895	6,995
Kent	2,535	2,795	3,280
Kings	3,555	3,875	4,575
Madawaska	2,510	2,885	3,335
Northumberland	3,865	4,305	5,070
Queen's	1,455	1,605	1,765
Restigouche	2,810	3,315	3,825
Saint John	8,895	9,490	10,290
Sunbury	850	905	1,090
Victoria	1,645	1,825	2,240
Westmorland	9,230	10,575	12,295
York	5,280	6,025	7,160
Total	54,700	61,005	70,500

e) Religion

According to Statistics Canada figures, the Roman Catholic religion predominates in New Brunswick, accounting for 53.9% of the population. (22)

Of those who answered our questionnaires, the percentages for different religious denominations were as follows: (23)

Catholic	59.5%
Jewish	0.3%
Baptist	10.6%
United	12.9%
Anglican	8.7%
Pentecostal	1.3%
Presbyterian	2.5%
Other	1.6%
None	0.8%
Not answered	1.3%

(21) Statistics Canada, Census of Canada 1971, 1976, 1981
(22) Statistics Canada, Census of Canada 1981
(23) Appendix V, #11, p. 114

f) Ethnic groups

According to Statistics Canada data for 1971, senior citizens in New Brunswick were distributed among the following ethnic groups: (24)

English	35,995
French	16,465
Asiatic	110
German	480
Italian	90
Indian	125
Jewish	150
Dutch	450
Polish	65
Scandinavian	385
Ukrainian	35
Other, unknown	430

The figures indicate that the majority of the population is anglophone, the second largest group is francophone, and the rest is distributed among the other ethnic groups.

We do not have data for 1976 because these figures are only published every ten years, and the 1981 data take into account the entire population of New Brunswick with no breakdown by age category.

g) Mother tongue

Figures indicating the mother tongue of the senior population was indicated in table 6.

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(24) Statistics Canada, Census of Canada 1971

Table 6 Mother Tongue (25)

Language	1971	1976	1981
English	38,160	41,215	48,665
French	15,770	17,990	21,295
German	85	75	130
Indian & Eskimo	105	65	150
Italian	40	45	55
Dutch	60	40	5
Polish	30	15	20
Ukrainian	15	10	10
Other	250	295	0

h) Interprovincial mobility

In this report's research, it was determined that the aging had spent most of their lives in New Brunswick, 3.3% in another province, and 1.3% in another country. (26)

Those who replied to our questionnaire and stated that they had lived the longest time in another province, or another country, and who have returned to New Brunswick, gave the following reasons for their return: (27)

The climate	4.0%
The environment	5.8%
To be closer to the children, relatives or friends	9.4%
Less expensive place to live	5.4%
I am from New Brunswick	30.9%
My spouse is from New Brunswick	21.8%
Other reasons	2.6%

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(25) Statistics Canada, Census of Canada, 1971, 1976, 1981
(26) Appendix V, #26, p. 118
(27) Ibid

Table 7

Level of Education of New Brunswick Seniors 1971, 1976 and 1981

	Elementary			Secondary			University				
	Less than Grade 9 With Other Training			9-13 With Other Training			University Only		Other Training		
Year	Total	None	Vocational	None	Vocational	Post Secondary	Vocational Post Secondary Non-University	Without Degree	With Degree	Without Degree	With Degree
1971											
t	54530	36125	1105	11475	710	1955	850	1105	755	310	140
m	24885	18445	575	4015	315	260	210	425	490	95	65
f	29645	17680	535	7460	395	1695	640	680	265	220	75
1976											
t	61015	38765	N/A	N/A	12630	N/A	1900	1150	995	785	785
m	27365	19510	N/A	N/A	4905	N/A	1310	515	660	215	365
f	33650	19260	N/A	N/A	7525	N/A	4590	640	335	570	420
1981											
t	65795	38910	N/A	12080	1245	2565	1880	1175	2110	N/A	1645
m	29550	19410	N/A	4430	980	425	780	580	545	N/A	1035
f	36245	19495	N/A	7645	290	2140	1100	595	1560	N/A	610

(Statistics Canada, Census of Canada 1981, Catalogue 92-915, Vol. 1, population)

N/A: not available

i) Programs, levels, and type of education

The level of education of the aging in New Brunswick is very low. We have Statistics Canada data for 1971, 1976, and 1981. We present a chart showing the levels and types of education of those aged 65 and over in New Brunswick during this period of time. (see table 7)

j) Nationality and Citizenship

In New Brunswick, and without taking age into consideration, we see that in 1981 there was a total population of 696,403 inhabitants of whom 678,840 had Canadian citizenship versus 10,535 who did not. Of the women, 346,470 had Canadian citizenship versus 5,735 who did not; and out of 342,900 men, 338,105 had Canadian citizenship versus 4,800 who did not. (28)

2. Analysis of Demographic Profile

Before continuing, it can be concluded in analyzing the demographic profile outlined in the preceeding pages, that the number of aging in the province has increased, and will continue to increase considerably over the next two decades. Each shift in age patterns has serious implications on a social, economic and political level.

Based on the demographic profile provided above, it can be noted that:

- There is a significant and growing imbalance in the number of women in relation to men. This will increase the number of persons living below or near the poverty line as single, widowed or divorced women over 65 have historically fallen within this category.

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(28) Statistics Canada, Census of Canada 1981

- The highest percentage of persons living alone occurs in the aging population. In time this will greatly increase demand for support services.

- Over the next two or three decades there will be a higher percentage of separated or divorced senior citizens thereby increasing the problems facing seniors who live alone.

- The rate of urbanization in New Brunswick is well below that of Canada. A greater dispersion of population creates an unequal geographical distribution. This difference has and will continue to have a direct effect on the organization and development of programs and services that must reach a wider dispersion of population in rural regions than in urban centres. Costs are always higher for such services when the target population is more dispersed.

- According to Statistics Canada 1976 there were 54.9% of seniors living in urban areas. During our survey we discovered that many persons living in rural areas would like to move to urban areas. This will place increasing demand on housing for the aging in centers where a housing problem already exists.

- As stated in "Retirement Without Tears", in view of the major institutional changes which will result from the explosive growth of those aged 65 and over, early in the twenty-first century, planning must be undertaken well in advance

- The level of education of the aging is very low resulting in an inability for many seniors to organize their own life and increasing their dependency on others. While this can continue to be a problem it is not inevitable.

8. Financial Situation and Outlook

1. Economic Situation

a) Retirement

Work (29) is recognized as contributing to human dignity, social identity, physical well-being, mental health and financial security.

In a section of its brief, the Canadian Mental Health Association put forward the following argument: "In order to maximize their emotional and mental well-being, seniors of 65 years of age and over must be treated the same way they have been treated all their lives. These people must continue to grow through social activities or a job."

In fact, policies concerning a compulsory retirement age have repercussions on the general health of healthy 65- to 70-year olds. These people might not have as many health and social problems if we did not force them to retire. On this, the attitude of younger people must also be changed through information and awareness.

We note in the answers to the questionnaires that 90.8% of the respondents who replied are retired and 31.1% of these have been retired for 10 years or more. (30) To the question "Why did the head of the family retire?" 55.6% replied that they had reached retirement age e.g., that they had no choice. (31)

Were they ready for retirement? We noted in our hearings throughout the province that most of the aging had not been ready for this important step in their life. Many of them realized only after a short time in retirement that their income was insufficient to maintain the same style of living that they were accustomed to. Moreover, many people do not know what to do with their free time.

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(29) In this section of the report, "Financial Situation and Outlook", the concept of work is used in reference to those who have been gainfully employed in the workforce.
(30) Appendix V, #12, p. 115
(31) Appendix V, #17, p. 116

The road to retirement implies a change of role in society, often gives a feeling of insecurity and solitude, and people who retire must be prepared for this.

Pre-retirement planning, or lack of planning will determine the success of a person's retirement. To adequately prepare for this, individuals must begin at least 10 years in advance of retirement to ensure retirement years are productive, both financially and personally.

We must also take into account that the face of the work force is changing, and that in the forseeable future there will be a need for qualified manpower and thus a time when seniors will continue to contribute to society through their work. The years after 65 may not be viewed as a time of leisure only, but as a time of continued work and personal growth.

Returning to the issue of compulsory retirement, in the book Mandatory Retirement and the Law, the author, Mr. MacDonald, writes:

"Two reasons may be invoked against compulsory retirement; they are similar but easy to differentiate. The first is that retirement based on age is a form of discrimination, hence, a source of injustice as detestable as racism or sexism." (32)

The second reason according to Mr. MacDonald is that "retirement based on age is disastrous for the individual and society in the sense that it removes the individual his livelihood, dignity and all goals in his life, and it deprives the latter of contributions which it greatly needs to cover the ever-increasing costs of the dependency of the aging."

While the arguments against compulsory retirement are numerous, there are those representing such bodies as unions who feel that while there is the need for a flexible retirement age, retirement should not be abolished completely due to what they feel are the possibilities that employers will not allow the aged their due rest and leisure from a lifetime of work.

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(32) MacDonald, Robert M., Mandatory Retirement and the Law, p. 31

The Advisory Committee is in agreement with Mr. MacDonald and supports the abolition of compulsory retirement. For those who do choose retirement we must ensure that the three main principles which are the basis for the acts currently governing the Canadian retirement system are respected. They are as follows:

- guarantee aging Canadians a reasonable minimum income;
- offer Canadians possibilities and fair methods to prepare their retirement;
- provide Canadians with a reasonable chance to avoid a serious disruption in their lifestyle at retirement.

We stress this point because we are alarmed by future predictions which, according to the results of a study in "Better Pensions for Canadians" (see table 7), indicates that the percentage of aging in relation to the working population will show no significant increase between the years 1961 and 2001; however, the percentage will more than double by the year 2031.

Table 8 Projected Ratios of the Elderly and the Elderly plus Young Populations to the Prime Working Age Population (33)

Year	Ratio of Elderly Population to Working Age Population	Ratio of Elderly and Young Populations to Working Age Population
1961	14%	87%
1981	15%	60%
2001	18%	55%
2031	34%	67%

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(33) "Better Pensions for Canadians" p. 16

b) Income

The demographic aging of New Brunswick society necessarily implies a change in the economy.

These changes include:

- labour force growth and structure;
- public spending and taxation;
- private consumption and saving rates;
- structure of production and productivity;
- public and private pension plans.

The principal goal is to identify which changes may occur in the economy as a result of the demographic aging of Canadian and New Brunswick society.

To determine the way the economy is performing, the three most often used indicators are:

- the rate of growth in the economy;
- the unemployment rate;
- the inflation rate.

There were 43,000 unemployed workers in New Brunswick in 1983, which represents an annual average of 14.8% unemployment, an increase of 28,000 from 1972.

The effect of aging on the economy thus implies a change in the economic structures of society, especially a change in the active population and in the labour force and its effects on economic growth and income.

Even though the aging population in Canada will continually increase, (34) the simultaneous decline of the young population will continue the phenomenon of decreasing dependency ratios (35) for the next 30 years.

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(34) Foot, David K., "Canada's Population Outlook: Demographic Futures and Economic Challenges", p. 125-126

(35) Dependency Ratio. Number of persons aged 0 to 14 years and 65 years and over divided by the number of persons aged 15 to 65 years.

If we look at the dependency ratio for Canada, we see that between the years 1971-2011 there is a downward trend in the total dependency ratio. This means that there are more people within the traditional working age group (15-65).

In New Brunswick in 1981, the inverse dependency ratio(36) shows that we will go from 1.94 working age persons per dependent to 2.15 in the year 2001. This shows that more people will be available for work; however, if the unemployment rate remains high, we will see a financial security problem for these people at retirement. This will mean that there will be a considerably higher percentage of the population who will depend on government transfer programs.

The work history of the aging has a bearing on the financial security of the aging. In New Brunswick the aging receive two types of income, namely:

(i) income from government security plans such as

- Old Age Pension
- Guaranteed Income Supplement
- Canada Pension Plan
- Survivors, Spouse (or disability benefits)
- Veterans' Pension
- Provincial Subsidy to Tenants
- Social Assistance
- United States Social Security Plan
- other

(ii) income from private sources such as

- Employer's Pension Plan
- Registered Retirement Savings Plan
- investment income (interest, dividends, etc.)
- employment income
- financial assistance from the children or other relatives
- other

The income from private sources can only be obtained by gainful employment, savings, inheritance or windfall gains such as lotteries, etc. We must argue that private financial security of the large majority of New Brunswickers will come from their work history and not inheritance or chance.

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(36) Inverse Dependency Ratio: Number of persons of working age per dependent person.

The following figures indicate which types of income from government sources the 1491 respondents to the questionnaire received in 1983. (37)

	Yes	No	Did not reply
Old Age Security	94.3%	1.6%	4.0%
Guaranteed Income Supplement	50.7%	26.6%	22.6%
Canada Pension Plan	53.4%	27.2%	19.4%
Survivor's Allowance (C.P.P.)	4.0%	55.5%	40.5%
War Veteran's Pension	6.2%	54.6%	39.2%
Provincial Rent Subsidy	1.3%	57.1%	41.5%
Social Assistance (welfare)	1.4%	57.9%	40.6%
United States Social Security Payments	3.5%	56.3%	40.2%
Other	9.1%	46.5%	44.5%

With respect to income from private sources, people gave the following answers: (38)

	Yes	No	Did not reply
Company Pension Plan	18.0%	46.6%	35.3%
Registered Retirement Savings Plan (R.R.S.P.)	5.2%	52.6%	42.2%
Interest or dividends from investments	30.8%	36.2%	33.0%
Income from rentals	3.2%	53.7%	43.1%
Income from employment	3.7%	53.4%	42.9%
Support from children or other relatives	2.5%	54.1%	43.4%
Other	3.2%	50.2%	46.5%

In light of the answers to our survey, we note the total income received by the aging over the last year were distributed as follows: (39)

Income Group	
From 0 to $2000	3.2%
From 2001 to $4000	13.1%
From 4001 to $6000	26.6%
From 6001 to $8000	16.6%
From 8001 to $10,000	9.9%
From $10,001 to $15,000	10.0%
From $15,001 and over	7.4%
Not answered	13.0%

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(37) Appendix V, #76, p. 128
(38) Appendix V, #77, p. 129
(39) Appendix V, #78, p. 129

These figures indicate that the median income of the aging respondents is between $4,000 and $6,000 and suggest a sizable proportion do not have income from private sources. This is not surprising where you have a great number of aging living on old age security benefits and the guaranteed income supplement, the current amount of old age pension being $260 per month, or $3,120 per annum. With 69.4% reporting an annual income below $10,000, we can conclude that a large proportion of aging live on low incomes.

Comparable data for Canada in 1976 indicate a similar trend of low income, with apparently less severity than for New Brunswick.

Table 9 Percentage Distribution of Senior Canadian by Income Group 1976 (40)

Head of Family	Men		Women	
	65 to 69	70 and over	65 to 69	70 and up
less than $3000	2.0%	1.6%	8.8%	5.3%
$ 3000 - $4999	9.8%	14.5%	35.8%	49.6%
$ 5000 - $6999	10.5%	12.1%	12.9%	16.6%
$ 7000 - $8999	13.8%	23.2%	8.3%	7.0%
$ 9000 - $10,000	9.9%	11.3%	8.6%	5.2%
$11,000 - $11,999	4.3%	4.1%	2.3%	1.8%
$12,000 - $12,999	2.9%	3.0%	4.2%	3.0%
$13,000 - $13,999	3.3%	2.5%	2.2%	0.5%
$14,000 - $14,999	3.6%	2.7%	0.8%	1.3%
$15,000 - $15,999	3.8%	2.9%	1.0%	0.6%
$16,000 - $16,999	2.3%	2.6%	1.1%	0.5%
$17,000 - $17,999	2.6%	1.7%	1.9%	0.6%
$18,000 - $19,999	4.1%	3.2%	2.8%	2.3%
$20,000 - $21,999	3.4%	2.3%	1.2%	1.3%
$22,000 - $24,999	7.2%	4.0%	3.5%	0.9%
$25,000 - $29,999	4.5%	2.8%	2.1%	1.3%
$30,000 - $34,999	4.3%	1.8%	0.6%	0.9%
$35,000 and up	7.5%	3.6%	2.1%	1.4%
Average income	$15,761			

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(40) Statistics Canada, Census of Canada 1976.

Statistics Canada survey of family income shows that the situation of women head of families is obviously worse than that of men. However, it may be said that the aging have a relatively favourable position with respect to the group with the lowest income, namely below $5000 (see table 9). This is due to income security which the aging are provided with by old age security and the guaranteed supplement income programs.

According to a study done for the Advisory Committee by Mr. Ronald C. LeBlanc, economist at the Université de Moncton entitled "Aging and the Economy", (41) it is interesting to note that on average people in New Brunswick in the last decade received relatively more of their income from public transfer (pensions, unemployment insurance and family allowance) than did Canadians in general. The fact that in New Brunswick, people receive more of their income from public transfer programs has an effect on their ability to adequately prepare themselves financially for retirement because they are obviously not participating to the same extent in private pension plans (CPP and employment related) and other savings programs.

For New Brunswickers in general, income from private investment, income from commercial and professional businesses and the old age pension were lower than the Canadian average.

Roughly three quarters of income came from work, whereas investment and business income counted for 11.9% in New Brunswick compared to 16.6% for Canada. Public income sources represented 10% of the income declared, almost double the proportion in Canada (5.3%).

For the aging, bank interests (22.4%) and other income investment (21.8%) were the most important sources of income in 1980. For men 65 years of age and over, income from other pensions, employment and business income represented a greater part of their declared income. People in New Brunswick have generally relied much more on employment and government transfers for income. The male population has a very wide access to private income sources with the exception of investment income for people 65 years of age and over. Undoubtedly, the greater proportion of aging women compared to aging men implies that income from accumulated wealth will more likely pass to the women after 65 years of age.

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(41) LeBlanc, Ronald, Aging and Economy, p. 13

Pensions

Private pensions are not an important source of income for the aging and it is usually the men who are the principal beneficiaries. Transfers paid to aging by the government are higher than private pensions. Their importance, notably for single senior citizens, is due to the fact that most of them are women for whom 60% of income essentially comes from government transfers. In fact, the inadequacy of income of single people is explained for the most part by the fact they are often women who have not worked or have paid much less into public or private plans during their employed years due to irregular work or low incomes.

It should be noted that there are many more single women and most have income levels below $4000 (see table 10). Data from the Survey of Consumer Finances tell us that 33% of single men had an income below the poverty line fixed by Statistics Canada compared to 42% of single women.

Table 10 Per Cent Distribution of Unattached Persons aged 66 and Over, by Income and Sex, 1979 (42)

Income Group	Male	Female
less than $2000	3.0%	2.3%
$2000 - $2499	5.3%	4.9%
$2500 - $2999	3.1%	3.3%
$3000 - $3999	18.5%	26.6%
$4000 - $4999	24.6%	27.9%
$5000 - $7499	18.6%	18.5%
$7500 +	26.9%	17.4%
Total	100%	100%

The results of our survey with more recent data shows a similar situation. (43) The answers in the questionnaires confirm what has been said before: that a greater percentage of the aging have income from government pension plans rather than private sources.(44)

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(42) Canadian Governmental Report on Aging, p. 14
(43) Appendix V, #78, p. 129
(44) Appendix V, #77, p. 129

This also confirms the comments made during the hearings. Financial issues were frequently raised; these showed that the financial worries of the aging such as those listed below are among their most important problems:

- inadequate pension to meet the needs of the home.
- importance for the aging to plan saving for retirement.
- aging living in low rental apartments having a low standard of living.
- need for government assistance to balance the pension incomes in relation to the cost of living.
- difference in pension on death of husband or death of wife.
- women not having the opportunity to build up a pension plan.
- lack of financial independence. (45)

c) Cost of living

Given the generally low incomes of the aging due to public income security programs that provide limited incomes for many, although indexed, and generally fixed incomes from private sources, the rising cost of living constitutes a major problem for the aging in New Brunswick.

The following problems have been identified:

- Most aging people in the rural areas of New Brunswick live in old houses which are poorly heated. Although subsidies are available to convert oil to wood or electric heat, many aging people are not able to cope with a change-over. The cost of heating and food have risen a great deal. Over the past 10 years, i.e., from 1970 to 1980, according to Statistics Canada, the price index increased by 116.7%. Goods and services that cost $100.00 in 1970, cost $216.70 in 1980.

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(45) Appendix VIII, p. 155-157

- The aging recognize that governments are trying to obtain a suitable minimum income for all, but in many cases, for the individual who is trying to maintain his independence, rising costs eat up all of the old age pension and subsequently savings so that there are insufficient funds to pay taxes, dental, eye care and to buy food and clothing.

- According to a study made in 1978, older families (i.e., where the head of the household was 65 or over), spent the largest proportion of their incomes on food and lodging for which the price index has generally risen at a faster rate.

- Aging people who own their own homes must pay heavy taxes. Some have to leave their homes because of excessive costs.

Given these facts, and based on comments and observations made during hearings, briefs and interviews, we would like to put the following questions to government:

- Is it feasible that old age pensions be made universally or selectively non-taxable?

- Can the assessment of homes be universally or selectively frozen and/or property taxes deducted or reduced where the head of the household is over 65 years of age?

Statistics Canada also notes that 32.9% of the average Canadian's expenses are concentrated on food and lodging, while 41.1% of the aging persons' expenses went for these items. Clothing, transportation, recreation, and education, represent a smaller proportion of the expense budget of seniors. The most significant decrease was in the payment of personal income taxes and security components of the budget, whereas the greatest increases were for gifts and contributions. (46)

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(46) Statistics Canada, Catalog 62-550, Survey of Family Expenditures in Canada by Age & Sex, p. 40

Estimate of Poverty Levels (47)

In defining poverty lines, Statistics Canada uses a scale of low incomes according to the size of the family and place of residence. For 1982, these levels ranged from a low income of $5,307 for a person living alone in a rural region, to $21,615 for a family of 7 living in an urban area of 500,000 inhabitants or more. (see table 11) For people living alone or for couples, the poverty level ranges from $5,307 to $10,585.

Table 11 Low Income Cut-off of Households in Canada 1982
Population by Sector of Residency (48)

Size of Family	500,000 and over	100,000 499,999	30,000 99,999	Less than 30,000	Rural
1	$ 7,303	$ 6,836	$ 6,640	$ 6,107	$ 5,307
2	10,585	9,912	9,626	8,852	7,702
3	13,506	12,651	12,278	11,299	9,825
4	16,065	15,042	14,601	13,436	11,681
5	17,958	16,811	16,325	15,022	13,062
6	19,714	18,457	17,921	16,489	14,336
7 (and over)	21,615	20,233	19,649	18,074	15,717

What is particularly interesting is the incidence of low incomes by age group as defined by the age of the head of the household. In 1981, 61.6% of people 70 years of age and over living alone were at the poverty level, whereas 50.3% of those from 65 to 69 were in the same circumstances. Although the situation is better for families, the incidence of poverty is still somewhat higher than for the average Canadian.

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(47) The 1982 poverty levels are used to correspond with the data from the provincial survey.

(48) Statistics Canada - Catalog 13-207

Summary

On the issue of financial security, it is useful to divide the seniors in New Brunswick into two subgroups:

- those who receive money from government sources only,
- those who receive money from government and private sources.

The first group generally is comprised of single people, especially aging women, living under the poverty line.

It is therefore imperative that the government concentrate its efforts on the first category, so that the problem can be avoided in the future. This can be done by encouraging and facilitating the establishment of private pensions, and by recommending a higher contribution to the Canada Pension Plan for those who are employed.

Special efforts should be made to meet the needs of those women who can not or do not participate in these plans; this has been strongly recommended by the Advisory Council on the Status of Women.

With respect to the second group, the major problem is the reduced standard of living as stated in the report on "Better Pensions for Canadians". Unless appropriate measures are taken to protect their pre-retirement living standard, many of the seniors find themselves unable to cope with the difficulties that arise in their day to day living. This can be done by encouraging greater preparation through private savings early in their working years.

C. Profile of Health and Medical Care

The primary objective regarding the health of the aging in New Brunswick is to

- prevent illness in healthy persons;
- rehabilitate the disabled aging and facilitate their well-being to attain maximum function and independence;
- provide the best possible medical service and all types of care to the aging, whether they are in institutions or not.

Although this might be greatly facilitated by developing programs and services for the aging, it appears that such efforts must be directed toward the services most frequently requested.

By means of this study, the sectors most needed by the aging were identified in the community and in the hospital system and are dealt with in this chapter.

With regard to aging, health, and the organization of health resources, there is need to establish a relationship between the general objectives of each program and those objectives intended specifically for the aging.

Neglect in the area of prevention of illness is a fundamental reason for abuse of the health care system. It also will serve as a barrier to rational use of the health care delivery system in the future, because as it now exists, it takes away from consumers the possibility of accepting responsibility for their own health.

In our study it was ascertained that there is a need to coordinate health services and social services in order to ensure the smooth operation of the entire system.

1. Health Needs in the Community

Health is defined by the World Health Organization as a state of complete physical, mental, and social well being, and not merely the absence of disease.

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(49) Appendix V, #41, p. 121

The results of our study indicate that fifty percent (50.0%) of the aging characterized their health as good or excellent and live independently. (49) Eighty-four percent (82.3%) manage on their own with varying types and degrees of incapacity; only the remaining 3.1% are in institutions. (50)

We must say, however, that the figure of 3.1% representing the proportion of seniors in institutions does not reflect reality. It is a known fact that we find 2% of our seniors in Special Care Homes and 4.5% in Nursing Homes, for a total of 6.5% living in institutions. The discrepancy can be explained by the fact that we were unable to reach a greater number of seniors in institutions due to different reasons: some were too sick to answer, while others did not have the opportunity of choosing to respond or not to respond to our questionnaire.

In this part of the report, we feel it is important to look at the health and medical care profile under its various aspects.

a) Medical Care

According to a study carried out by Health and Welfare/Statistics Canada 1981, 46% of those 65 years old and over do not go to a doctor or go only twice a year; on the other hand, 20% go to a doctor 10 times or more. (51)

Comparing this data with that of our own study of New Brunswick, 6.5% of the seniors in the province did not visit a doctor in the past 2 years, 5.9% went to the doctor less than once a year, 18.1% at least once a year and 42.3% two to five times a year. (52)

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(50) Appendix V, #18, p. 116
(51) Canadian Governmental Report on Aging, p. 44
(52) Appendix V, #43, p. 122

Moreover, when asked "When you see your doctor, how long does your appointment normally last?", seniors replied: (53)

Less than 10 minutes	19.9%
From 10 to 20 minutes	53.5%
From 20 to 30 minutes	17.1%
More than 30 minutes	3.4%
Not answered	5.6%

In many instances the time limited visit of an aging person to his physician may result in inaccurate or inadequate diagnosis to the detriment of the patient.

Furthermore, frequent short visits to doctors by seniors create an unrewarding abuse of the system. The system, as it now exists, tends to make the user less independent and more dependent. On the contrary, if these seniors are not adequately seen, many diagnosable and treatable problems will be missed.

b) Nursing Services

There is a need to establish an overall plan which can be developed by using the existing nursing services.

The nursing services which now exist in the community offered by Public Health, the Victorian Order of Nurses (V.O.N.), extra mural hospital and in the nursing homes and hospitals are effective, but inadequate in terms of personnel and specialized training. Many small communities have inadequate or no nursing services, while in the large urban zones, the workload is increasing and becoming difficult to handle.

The Advisory Committee sees the need to assign specific nursing services to our aging throughout the province. Using existing nursing services, the Committee recommends investigating the possibility of using V.O.N. services in caring for the aging and the Public Health nurses for assuming the other related health care needs of the community.

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(53) Appendix V, #44, p. 122

This change would offer consistency in service to all levels of the population and create the opportunity to have one nursing service specialized in the care of the aging.

As it now exists many nurses working in this field have no special training or education in gerontology and geriatrics.

It can be noted that in conducting our research,difficulty was encountered in identifying the number and type of nurses who devote themselves to nursing care for the aging. Difficulty was also encountered in the identification of internal training programs in nursing education related to nursing care for the aging, and in the identification of internal training programs in nursing education related to nursing care for the aging. (54)

The need for more education in gerontology was expressed by 95.22% of the respondants in nursing homes and 90.62% of the hospital sample. In Nursing Homes, 44.9% of the personnel found material pertaining to gerontology readily available; 55.0% mentioned having difficulty obtaining information. A similar pattern was noticed with the hospital staff, where 41.2% agreed with the statement that material was readily available and 58.7% had difficulty obtaining information (Geriatric Nursing Survey). (55)

The basic knowledge of nurses who work with the aging should be expanded by means of special courses, school training and continuing education. Knowledgeable personnel will act as appropriate models for the new workers in the field thus promoting a healthy environment for the aging.

Are New Brunswick's seniors satisfied with nursing services as they currently exist? According to the questionnaire, 44.3% of the seniors believed they received good health services from Public Health nurses and the Victorian Order of Nurses as opposed to 15.2% who felt the service was poor. (56)

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(54) For more information concerning the number of nurses working directly with seniors, their qualifications, categories of nurses, their training, etc., a questionnaire was sent to every nursing home and hospital in the province. The results have been computerized and can be found in Appendix IX, p. 168.
(55) Ibid
(56) Appendix V, #45, p. 122

From the public hearings there was shown to be a lack of qualifications of nursing home staff coupled with a negativism, defeatism and professional antipathy toward the aging in hospitals.

In addition to what could be labelled as a severe attitude problem, there is an inadequate distribution of nursing services in small rural regions, raising the question of need to extend the existing services to the smallest and most isolated communities through weekly visits or clinics.

In the province's subsidized housing for the aging for example, some nursing care is available in certain units which is also the case in non-subsidized units although the numbers are very few.

Many services exist for the aging population. However, information on how to obtain these services needs to be publicized.

Based on the above observations, the Advisory Committee sees the immediate need to evaluate the quality, availability and ability to offer specialized nursing services to the aging throughout the province.

c) Physiotherapy Services

The number of physiotherapists in New Brunswick is exceptionally inadequate. Their services are limited to the urban zones and are non-existent in many rural zones.

The hearings stressed the need for physiotherapists in the community. Physiotherapists with special experience and training in geriatrics are very much at a premium.

The questionnaire revealed that only 26.5% of the aging who receive or need this service in New Brunswick received good physiotherapy services, whereas 18.4% felt these services were poor. (57)

The hearings further disclosed that some physicians were hesitant or reluctant to utilize physiotherapy services.

d) Podiatric Services

In the past, the role of the podiatrist in health care services for the seniors has been underestimated and poorly defined.

A survey published in the "Post Graduate Medicine" (58) mentions the predominance of foot problems among patients in geriatrics; 94% of the patients have from 3 to 4 problems. Considering the pre-eminent importance of mobility for seniors, it is clear that this issue has considerable consequences.

Currently, responsibility for foot care is shared among various jurisdictions, including nurses, the family doctor, surgeons, internists, and orthopedists. Provincially, podiatrists are lacking. The V.O.N. have many organized foot care clinics in the province. This service does not replace the podiatrist but can be a means of channeling the patients if needed.

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(57) Questionnaire I
(58) Post Graduate Medicine, Vol. 73, No. 2, Feb. 1983.

This brings up new issues with regard to control of the traditional chronic illnesses and requires further study and education.

We can conclude that in New Brunswick podiatric services are too expensive and too few in number.

e) Dental Services

Dental care services in New Brunswick are of limited availability, somewhat inaccessible and expensive. We can note here that certain provinces offer limited coverage for replacing teeth, dental care and dental surgery.

The questionnaire used in this study reveals that over half (61.0%) of the seniors in New Brunswick felt they received good dental care, as opposed to 8.7% who felt they received poor dental care and 30.1% who did not reply. (59)

Good teeth have important implications for seniors as to their general state of health and state of mind. If we take into account nutrition, with additional implications for general health and social well-being, are the problems of loss of natural teeth and greater need for dental care with advancing age. Further complications arise out of the importance of bringing dental health care to the patient who is homebound, institutionalized, or otherwise lacking in mobility. Dental health is very costly. Most seniors do not have coverage for this. Part of the problem of using mobile equipment to deliver dental care seems to be resistance on the part of the dental profession.

The questionnaires demonstrated that of New Brunswick seniors surveyed, (60)

- 1.9% have all their teeth
- 10.7% have most of their teeth
- 21.3% have a few teeth or dentures
- 53.9% have dentures only
- 4.8% have neither teeth nor dentures
- 4.1% Not answered

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(59) Appendix V, #45, p. 122
(60) Appendix V, #57, p. 124

The hearings disclosed a lack of information and education on dentures, a need for dentists in nursing homes, and the high cost of dental care.

f) Eye Services

The questionnaire results indicate that 35.2% (61) of the aging residents in the province have sight-related problems; 78.3% of them believe they receive good services from eye specialists. (62)

It was determined in our study that eye problems create the greatest difficulty in reading newspapers (26.7%), reading signs (34.3%), reading telephone directories (29.0%), seeing in semi-darkness, (31.7%), seeing in stores (16.4%), seeing outside (11.1%), and driving a car (3.3%). (63)

Diminished eyesight has a significant impact on the aging person's independence and ability to function. Not only does it contribute to sensory deprivation and frustration, but it also increases the risk of falls with their attendant consequences (broken hips, traumatism, hospitalization, and a fairly high rate of mortality).

In the province, a vision van funded by the federal government in conjunction with the provincial government travels to the different nursing homes in order to offer optometric services. This is contracted on an annual basis.

With regard to eye glasses, although lenses are available to seniors in New Brunswick through Seniors Health Benefits Program, which covers up to 80% of the cost to a maximum of $40 every two calander years, they are still beyond the seniors' capacity to pay.

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(61) Appendix V, #42, p. 121
(62) Appendix V, #45, p. 122
(63) Appendix V, #60, p. 125

g) Ear Services

In New Brunswick, 31.6% of the aging have hearing problems. (64) Of these, 52.2% feel they obtain good medical services from ear specialists. (65)

The questionnaires gave a percentage breakdown of the hearing difficulties as follows (66)

- in a group of persons 39.2%
- radio or television 18.2%
- telephone 17.8%
- conversation with another person 18.3%

The sensory deprivation and the isolation that result from a hearing deficiency have detrimental effects on the aging.

Hearing aids are prohibitively expensive for most aging persons. In some of the other provinces, the cost of such devices is completely covered by the extended care program, e.g. Alberta, and aids are available at reduced prices under the hearing assistance plan in Saskatchewan. Those with the Seniors Health Benefit Program pay an annual fee of ($39.95) enabling them to become eligible for hearing services and aids for which the government pays 80%, to a maximum of $320 every five years. Social Welfare recipients are entitled to total coverage.

h) Other Services

Psychologists, respiratory technicians, activity directors and all professionals who are involved in working with an aging patient should be highly trained in the field of geriatrics.

For example, some types of therapy, like reality orientation, must be offered only by highly skilled psychologists as these can have detrimental effects on our aging.

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(64) Appendix V, #45, p. 122
(65) Appendix V, #59, p. 125
(66) Ibid

Technicians working in the geriatric field should act within the limitations of their training and not take decisions that fall within the realm of the physician in charge.

Activity directors in senior citizens homes should have at least a Bachelor of Science degree in leisure or related studies with a minor in gerontology.

Indicating each health related professional that has indirect or direct contact with a senior patient is beyond the scope of this report. However, we have selected the obvious in this action to stress the importance of specialized training in the field of gerontology and the pressing need to review services and the quality of those services to ensure the very best, most professional and intelligent care is being offered.

i) Nutrition

Studies on food consumption and level of nutrition have indicated that the aging eat less as they grow older and that their food intake is often low in vitamins and minerals. The reasons for this are a shortage of money, a lack of motivation, a loss of mobility leading to a change in health status, a lack of information, bad food habits and cravings.

Research into nutrition services generally take two forms:

- efforts to describe and define the nutritional problems of a specific population;
- demonstration models for the delivery of nutrition services or models for testing of new methods.

Anthropometric, biochemical, and clinical measures have been recognized as effective and appropriate complements of the research techniques; they may even increase acceptance of the assessment.

Demonstration models of nutrition services for the aging have been largely descriptive in nature, testing the possibilities and determining the costs. The main efforts have been centered on the individual, home delivery programs, and group meals. As these programs progress from the demonstration phase to that of established services in the community, the research needs turn to questions regarding their appropriate use, manpower, training needs, quality of controls, and impact on the client and the community. Another type of research is conducted into the effectiveness of various techniques in changing the food habits of the aging.

Our questionnaire revealed that most aging persons in New Brunswick have good appetites and rich diets. Appetites were excellent in 27.0% of the cases, good in 49.8%, fair in 19.0%, and poor in only 2.0%. (67)

The following types of food are eaten at least twice a day by the seniors in New Brunswick: (68)

- milk, cheese, ice cream 82.4%
- bread, cereals, rice, pasta 91.1%
- meat, fish, eggs 86.7%
- vegetables, fruit, fruit juice 91.6%

It seems that the food is purchased and eaten in a nourishing manner. The problem lies with the 10% to 17% who receive inadequate nutrition.

While our questionnaire reveals that the majority of those who responded are eating properly, our hearings indicate that there is need for education regarding nutrition, the need for prepared meals and the means of delivering this service. We must also ensure that all New Brunswickers can afford to purchase proper nutrition. (69)

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(67) Appendix V, #55, p. 124
(68) Appendix V, #56, p. 124
(69) Appendix VIII, p. 152

Based on our study of the nutrition of the aging in New Brunswick, we feel that public funds for support services should be sought as alternatives to institutional care. Research is needed to determine services based on client needs in terms of assistance with errands, meals delivered to homes, home services and nutrition counselling.

We believe that there is room for more extensive nutrition counselling in terms of health maintenance services. The nutrition assessments should be built into pre-retirement counselling, health projection services and industrial health services.

Finally, there is a need to evaluate the nutritional services in institutions as one aspect of care for the elderly. New techniques are needed to control the nutritional status of patients in hospitals as well as nursing homes.

Therefore to properly respond to these needs, dieticians who work with seniors should expand their knowledge in the field of gerontology.

j) Medication

Polypharmacy and abuse of medication by seniors in New Brunswick are subjects of concerns. Aging persons in New Brunswick take medication for the following reasons: (70)

- constipation, diarrhea, or urinary problems .. 30.0%
- digestion 24.3%
- diabetes 9.1%
- sleeping 23.5%
- nervous problems 20.0%
- pain 27.0%
- cardiac problems 21.4%
- respiratory problems 11.1%
- other 18.7%

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(70) Appendix V, #46, p. 122

Medications prescribed by doctors are taken in the following amounts per day: (71)

- 23.3% do not take any medication
- 52.6% take 1 to 4 medications
- 14.6% take 5 to 9
- 3.5% take 10 to 14
- 1.2% take 15 or more
- 4.6% not answered

The different types of medication prescribed or not prescribed by a doctor are taken in the following amounts per day: (72)

- 43.0% ..... no medication
- 29.8% ..... 1 to 2 medications
- 13.5% ..... 3 to 5 medications
- 3.0% ..... 6 medications or more
- 10.5% ..... not answered

Use of multiple pharmacies, visits to several doctors, and needless prescriptions result in the abuse of medication. This can lead to serious problems when one knows that aging persons are less able to absorb, transport and excrete medication in their metabolism. They are more sensitive to their toxic effects and to drug interactions.

During committee hearings, it was brought to our attention that there is a lack of information and resource persons in the area of medication as well as too many medications used with too little consultation with doctors. We were also told that there is need to verify expired medications and to look at the dangers involved where medications are exchanged among users.(73)

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(71) Appendix V, #47, p. 123
(72) Appendix V, #48, p. 123
(73) Appendix VIII, p. 156

The issue of use and abuse of medication raises numerous questions in terms of supervision and control of drug prescription.

Initial prescribing of unnecessarily large supplies of "pills" is not without hazard and is open to question. If the medication is not tolerated or is ineffective, it becomes a costly waste and is not without risk in the future to the patient or another member of the family. Small initial prescriptions, for example, one week's supply should be encouraged.

A lack of information may cause serious harm to a patient. The patient may not ask for instruction or may forget what he has been told. The public does not realize that the pharmacist is trained to assist in this situation.

Often, patients go to a doctor, obtain a prescription, and if they are not satisfied, they go to another doctor for another prescription. A patient may have a family doctor, but if he goes to the Outpatient Department, he will probably be examined by a new doctor. A new medication may be prescribed. The patient may already take this sort of medication or a similar type. A severe reaction or a difficult and dangerous interaction may result.

Patients who want to have more tranquilizers or sleeping pills may go from one pharmacy to another, so as to arouse less suspicion.

To reinforce what has been said and is indicated in our data, the excessive use of medication is a serious problem both financially and physically.

Is there a solution to this problem? We believe that we can begin by

- supervising the use and abuse of medication by controlling drug prescriptions through a province-wide computer system in pharmacies;
- educating the aging with regard to injections they administer themselves, e.g., insulin;

- all medications used by the aging should be listed to help doctors and urge pharmacists to assume greater responsibility for educating the aging as to the nature of the medication and its proper use.

The concept of a health passport deserves consideration. This is a small booklet carried by each patient containing a record of all of his or her medications, such as: date of prescribing, by whom, amounts, directions. This passport may be reviewed and updated with each visit to the physician, pharmacist, emergency departments, and others.

2. Health Needs in the Hospital

The mandate of any health care system is to

- promote the highest possible functional independence and health among the aging;
- provide appropriate care in an integrated and coordinated way;
- ensure equitable and reasonable access to appropriate services, and
- provide for the needs of those aging who require special care.

In the total health care program for the aged there are a number of hospital related services and programs. In this section we will deal with the following:

- Ambulatory Care
- Geriatric Assessment Units
- Rehabilitation Zones
- Extended Care Programs
- Day Hospitals in Geriatrics
- Emergency Relief Care Programs
- Extra-Mural Hospitals

Within these programs there is a logical sequential flow system for patients ranging from the healthy independent senior living at home to the lat stage terminally ill patient in a nursing home or extended care hospital bed.

On the whole, the majority of New Brunswick's aging population are healthy and independent and prefer to remain so until a real need arises.

As previously seen in our survey, the health among New Brunswick's aging is good. Fifty percent (50.0%) of the seniors who responded characterized their health as good or excellent. While 3.1% are in institutions and the remaining 82.3% manage on their own with varying types and degrees of incapacity. (74)

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(74) Appendix V, #18, p. 116

Unfortunately, a sizeable percentage of those confined to institutions are admitted because of social rather than medical needs.

Although the seniors comprise only 10-12% of the total population, they utilize up to 40% of hospital days. They have an average length of stay in hospital at least twice that of all other groups.

In the Saint John Regional Hospital for the calendar year 1983, the percentage of hospital days for those over 65 years of age was 40.16%. This excludes rehabilitation and extended care areas. Similar figures for the average length of stay showed 17.59 days for all other ages: a ratio of two to one.

This is both expensive and ultimately detrimental to the well being of our aged.

The current assessment of care levels is now only beginning to be rethought. As it currently exists, it does not give a true assessment of the aging's needs. This is a major problem as assessment of care level determines the final appropriate placing of all patients.

In the opening paragraph of this section the "total health care program" for the aging was mentioned. In this system, a "block" or "slowdown" in any one component of the system will ultimately and actively affect the whole system, the well known "domino effect".

New Brunswick hospitals do a good job; however, they are not immune, nor are there adequate programs and services in place, to protect the system against such "slowdowns" or "blocks". In the course of study the following problems were encountered and identified:

- long waits in O.P.D. for care and for admission
- blocked beds syndrome
- long stay patients in acute care beds
- inappropriate placement
- inadequate rehabilitative measures
- restricted discharge options with unjustifiable increased length of stay
- inadequate staff
- inadequate staff training

Unfortunately, in the present New Brunswick health care system, especially in hospitals, there exist certain myths from the past and outdated, unacceptable attitudes inferring that the elderly are "second class citizens" who require and, should receive, less than adequate care compared to the younger acute care model.

The very integrity of our social structure and our moral obligations to humanity are here at issue and geriatric medicine is fully committed to quality of life and patient care "par excellence" in this milieu.

Following are descriptions of programs and services designed to offer our aging the most comprehensive health care in the hospital setting:

a) Ambulatory Care: a hospital outpatient clinic area where senior patients can be referred for geriatric diagnosis and treatment.

The seniors who present the highest risk living in the community are those over 75 years, living alone, isolated, recently widowed, recently hospitalized, immobile or with a certain degree of mental frailty. These are the ones who will soon be filling our emergency departments and our extended care units.

Ambulatory care clinics should be specifically organized for this category of seniors as well as those with complex multi-system disease. Such clients would be appropriate in either the Department of Family Practice or Geriatric Medicine.

One of the solutions to relieve overload in the extended care units is the detection of problems and early intervention to prevent or postpone admission.

The figures in the questionnaire tell us that 73.6% of the seniors consider that the hospitals are close to their homes, 16.9% say that they are far and 5.6% say that they are too far.

This gives us a picture of reasonable accessibility. (75) Although these services, as such,may be accessible,transportation to and from is most inadequate.

b) Geriatric Assessment Unit: a specific number of beds within the hospital for detailed diagnosis, treatment and management of complex geriatric problems.

Geriatric assessment units should exist in each hospital geriatric department. In Great Britain, their size is determined on the basis of two beds for each thousand of the population over 65.

In the Saint John area there are approximately 100,000 people, 12% of whom are over 65; the projected number of assessment beds would be 24. The projection for New Brunswick as a whole (population 750,000) would be 180.

The admission criteria applies to patients over 65 years of age, usually with multi-system disease approaching crisis situations either medical, psychiatric or social which may be receptive to treatment.

As a result of such an assessment, with diagnoses, treatments and support management, 90% of these patients would be able to return to and live in the community for extended periods of time. This is an important way of reducing the high rate of senior patients in extended care zones.

c) Rehabilitation Zone: a specific number of beds within the hospital for rehabilitation of intermediate term (3-4 months) geriatric patients.

Many patients in geriatrics, due to the nature of their illness (e.g.; stroke), may require much longer hospitalization and therapy sessions than others (3 to 4 months). They also may still have a good chance to return to and live in the community, with further treatment.

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(75) Appendix V, #49, p. 123

In a geriatric department, the percentage of patients requiring rehabilitation may reach 10%-30% of the total departments' patients depending on local circumstances.

No patient should be directly or permanently admitted to extended care without first having the benefit of an assessment and a rehabilitation period, e.g., an acute confusional state not investigated, recent stroke not rehabilitated.

d) Extended Care Programs

The extended care program, as it now exists in New Brunswick, is to comprise 15% of all hospital beds (in hospitals over 120 beds) for chronic long term patients. It is composed of two components: restorative and supportive.

The extended care zones in hospitals are primarily intended for patients who have experienced an assessment and rehabilitation period, and who have reached a functional level beyond that of nursing home care.

In spite of the appearance of irreversibility of such a classification, an ongoing assessment with reactivation and reinforcement should be a part of the continuum.

A major problem occurs in the extended care zones with the inappropriate placement of patients, leaving them with limited options.

The extended care sectors may become appropriate and suitable with the establishment of active and preventive components in the flow of patients in geriatrics, comprising ambulatory care, geriatric assessment units and rehabilitation zones, day hospitals and extra-mural hospitals.

e) Day Hospital in Geriatrics: a geographic area within the hospital for elderly patients who have major geriatric illnesses requiring continuing hospital care, but who are able to return home at night. Transportation to and from this daily service is a major concern.

Day hospitals are an important part of the whole geriatric service. They are useful for outpatients with serious medical problems to prevent possible candidates for admission to hospital and for those patients already in hospital to anticipate their discharge. Patients remain from 8:30 a.m. to 4:30 p.m., receiving continuous treatment prior to returning home at night.

Day hospitals provide all of the services within the hospital during the day (P.T., O.T., social service, M.D., R.N., X-ray, laboratory, consultations, etc...). They should be placed geographically back-to-back with geriatric assessment units or at least close to the geriatric department so the hospital staff and the facilities may be used by both day-hospital and in-hospital patients. The establishment of such a geriatric service should evolve in each hospital through time.

f) Emergency Relief Care Program: a small number of beds set aside for short term intermittent readmissions usually on a planned or regular basis.

Emergency relief beds may have several uses: e.g., certain patients who are heavy care can only return to the community with the promise of being able to have an emergency relief bed available either in a programmed way or in an emergency.

An intermittent admission to an emergency relief bed may be of great assistance to patients treated at home by bringing relief to the family or to the support staff as well as the patient.

Emergency relief care programs are a very worthwhile and productive part of geriatric care, and are widespread in many hospitals and nursing homes.

g) Extra-Mural Hospital: a highly organized administration from which many hospital services and personnel are taken into the patient's home.

It has been perceived in the care of the aging that there is a missing link between hospitals on the one side and institutions and private homes on the other.

Some people who are not ill enough to remain in the hospital still need other care that is not available in nursing homes, community residences, apartments for seniors or in private homes. If these patients are forcibly discharged, they frequently find themselves in a very difficult situation. If they are kept in hospitals, they occupy beds that are needed for other patients.

Globally, the formula of the extra-mural hospital is one of the answers to this particular problem. Unfortunately, while extra-mural hospital services do exist in New Brunswick, in Department of Health regions III and V, it was found that 59.2% of the aging were not aware that these services were available to them. (76) When asked whether they planned to use these services in the future, 63.8% said they did. (77)

The services supplied by the extra-mural hospital are nursing, physiotherapy, geriatric care, community health services, dietetic services and equipment.

In the regions where these extra-mural hospital services do not exist, there is the lack of a special institution where hospital and are able to care for themselves again.

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(76) Appendix V, #53, p. 124
(77) Appendix V, #54, p. 124

h. Health Coverage

(i) by Government

Besides the Provincial Medicare System, seniors are entitled to register for the "Seniors' Health Benefits Program". For a nominal fee of $39.96 per year, the senior will receive partial coverage for

- injection supplies
- diabetic testing supplies
- ostomy supplies
- eye care - exams, lenses, low vision aids
- hearing aids
- foot care
- chiropractic services
- prosthetics - limb prostheses, including maintenance and repair, breast prostheses
- orthotics

Seniors receiving the Guaranteed Income Supplement are entitled to the "Seniors' Health Benefits Program without paying the annual premium.

(ii) by Private Companies

The decision of whether to continue paying premiums on an old insurance or to join with a new coverage is often very confusing to the seniors. Group plans may provide the same coverage as the Seniors' Health Benefits Program.

Blue Cross has devised a new "A plus 65 plan" that has been designed to cover items that are not a part of the Seniors' Health Benefits Program.

The Committee believes that more information or counselling should be available to the seniors in order to clarify the health coverages available to them.

Summary

We can conclude this part of the report in saying that the problem in our present health institutions is too many aging and too few beds to facilitate them.

Since our ultimate aim in all aspects of geriatrics is to keep seniors in their own homes as long as is feasible this offers a helpful solution to the problem of numbers.

To accomplish this we must have hospital services characterized by easy accessability, early diagnosis and treatment and early discharge home. Remediation is a major part of treatment.

Though extended care is essential, the goal of returning home is no longer realistic and quality of life becomes of paramount importance, with remedial therapy playing less of a role except for maintenance.

Therefore if hospital services are to be further developed for the care of seniors, they should be focused more on the active, assessment and rehabilitative side of geriatric medicine and less on extended care.

Presently, at the Saint John Regional Hospital, with the exception of a Day Hospital, all of these services are in place to some degree. An ambulatory care clinic is conducted one morning a week; 10 geriatric assessment beds are in use. Extended and restorative care beds comprise a total of 104, 20 of which are utilized by veterans. The 60 bed Ridgewood Veterans Wing is also under the care of the Geriatric Department Thirty-eight of the above 104 beds are utilized as a resource centre for extended care programs. Attempts have been made to use two beds for relief care purposes for seniors. The extra-mural hospital in Saint John presently plays a limited role and confines its services to four hospice terminally ill cases.

3. Needs and Institutions

a) Nursing Homes

"Nursing homes" means a residential facility operated, whether for profit or not, for the purpose of providing supervisory, personal or nursing care for seven or more persons who are not related by blood or marriage to the operator of the home and who by reason of age, infirmity or mental or physical disability are not fully able to care for themselves, but does not include an institution operated under the Mental Health Act, the Public Hospitals Act, the Hospital Services Act or the Child and Family Services and Family Relations Act."
(Nursing Homes Act)

Nursing homes play an important role in the range of care provided to the aging. At this present time, only level III residents are now admitted to nursing homes.

Levels Of Care

The level of care classifications formerly used in this province are now being abolished due to the risk of inaccurately categorizing seniors:

Level I: Residents needing supervision with activities of daily living - in terms of nursing care time: 20 minutes per day.

Level II: Residents who show a slowing down of physical and, or mental faculties thus requiring some supervision and assistance with activities of daily living - in terms of nursing care: 45 minutes per day.

Level III: Residents fully or partially dependent in regard to self care due to physical or mental incapacities.

A Nursing Home Eligibility Form is now utilized in order to determine the condition of a client. With this form, the physical and mental condition of the patient is assessed. His functional abilities, present living accommodations and financial situation are evaluated. A plus and minus scale is utilized. A person eligible for a nursing home will have a score lower or equal to plus 20.

Nursing homes provide the greatest level of care outside the hospital. In certain aspects they are better than hospitals in providing an intimate atmosphere as compared to the sometimes impersonal environment found in conventional hospitals. 7.5% of Canadians, 5% of Americans and 4% of English over 65 years of age live in nursing homes. In New Brunswick, there are 4.5% of the people 65 years of age or over in nursing homes; if we add to this the 2% in Special Care Homes, the total number of seniors in institutions comes to 6.5%. Over 89% of beds in nursing homes are occupied by patients over 65 years of age.

During the hearings, nursing homes were the topic of discussion on many occasions. Pertinent data arising therefrom included

- the difficulty of having special care homes and nursing homes under two government departments;
- lack of qualifications of staff in these institutions;
- the heavy cost of nursing homes and special care homes;
- inadequate numbers of nursing homes and special care homes;
- lack of medical care in nursing homes;
- substituting medical care with sedatives;
- a need for specialized services such as dentists, optometrists, physiotherapists, podiatrists, occupational therapists, speech therapists and psychologists in these institutions. (78)

Regarding the inactivity of seniors in nursing homes and in the community, it was called to our attention that there are people responsible for leisure activities, but there are not always enough of them. As a consequence of this lack of activity, there is often a much more rapid loss of an individual's functional abilities. The new trend of accepting in nursing homes only level III patients increases the need of staff in charge of activities. Patients must be given back their independence by improving their functional capacities or by ensuring that they do not lose them.

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(78) Appendix VIII, p. 154

As stated throughout this report, the aging population is increasing in relation to the total provincial population and this is the primary group for nursing homes. The primary long term objective of the nursing home program is to provide residential nursing care to those in need of it.

In New Brunswick, resources are limited thereby raising the question of how to strike the necessary balance between attaining greater equity among regions in the availability of nursing home beds and the development of alternative community based services including the introduction of community outreach programs in nursing homes.

It must be noted here that until alternative services are better developed, their impact on the needs/demand for nursing home beds will be limited. Government and voluntary sector cooperation will be a very important factor, due to the cost of operation of nursing homes. At the present, there are 61 nursing homes in the province, with an estimated cost of over 60 million dollars in 1984. The daily cost for the patient ranges from $18.68 to $79.00 depending on the Home.

The construction cost and annual operating cost associated with achieving any given bed target level is an important consideration. There is no generally accepted "definitive" target ratio for nursing home beds, since the relative availability of other health care services has an important influence upon it.

The development of alternatives to institution care is one way to slow down the future growth of beds, and to some extent, the cost of continued and rapid explosion in beds which would ultimately use up so much of our limited resources that nothing would be left for other alternatives.

There are now proponents of nursing home complexes which cover the total spectrum of care of the elderly spanning the range from subsidized housing to medical infirmaries for those with terminal or late stage disease.

b) Special Care Homes

Special Care Homes are residential facilities that provide basic supervisory care to individuals, with physical and, or mental disabilities and the seniors. They tend to be operated by private individuals, and standards are established and monitored by the Department of Social Services. This department also provides financial assistance based on a set per diem amount to cover food and board cost. Most special care homes have fewer than ten beds.

Historically, these residences were created for level I classification residents. However, the majority of them have deteriorated to the point where they now cater to level II and level III. These homes also provide care to other classifications such as young mentally and physically handicapped, mentally ill and transfers from the two Mental Hospitals who are unable to function in the community such as alcoholics, drug addicts and others.

A problem arises when the various groups are brought together in one residence. The effect of this grouping has been proven to have a negative impact on our aging. Such an environment tends to radically change the quality of life of seniors and leads to a loss of independance.

Some of the special care homes have been recently converted to Community Residences offering a broader range of services for those with severe mental retardation problems.

We were told many times during our hearings that there is need for lodging of seniors classified between the services of private homes and nursing homes. One option could be the Group Homes which are facilities that offer room and board but no supervisory care.

It has been determined during our course of study that too often, special care homes and community residences are in an improper state and poorly managed. While we appreciate that some of these homes must generate a profit, we should ensure that this is not achieved at the expense of our seniors.

Some community residences and special care homes are subsidized by the province, but are private institutions and are not subject to the same regulations as nursing homes. Operators must make an effort to compromise when the traditional business ethic comes into conflict with the provision of satisfactory services to occupants of these institutions.

c) Day Centres

The idea of a Day Centre is one in which seniors are able to benefit from the full range of services offered by the community or nursing homes while at the same time maintaining their independence by being able to return to their home at night.

The concept would enable the aging to participate in the physical and cultural activities offered in the community or nursing homes as well as the nutritional and health services available. Moreover, it would provide seniors the opportunity to experience a nursing home or community residence "setting" on a part-time basis which may eventually reduce the trauma which accompanies a permanent move to such an environment.

An interesting experience with Day Centres in Northeastern New Brunswick caught the attention of our Committee. Those centres aim at the social reintegration and the maintaining of the autonomy of seniors. More than 500 seniors participate in this service on a rotation basis.

Activities offered by the centres are of a cultural and educational nature, to which professional counselling has been added. The noon-time meal served in two centres not only contribute to the good health of the clients but also provides them with a period of relaxation and pleasant communication.

D) Lifestyle

1. Family Life

The family has been disrupted and divided, partially because of social changes, and particularly because people have changed their lifestyle. These changes have had a profound impact on the number of aging who live with their family or children.

According to the results of questionnaires sent to the aging, we note that, at the present time, 22.4% of the aging live alone, 54.5% live with their spouse, 9.9% live with one of their children, 3.3% with a relative, 1.0% with a friend, and 0.3% with a housekeeper. (79) Moreover, if current trends towards small family size persist, fewer of the aging will be able to rely on their children in their older years.

Family life and the concept of the family unit have a special significance for New Brunswickers. Programmes have been designed to maintain and promote the family unit by providing as many support services as possible. (80) The New Brunswick Association of Social Workers thinks that seniors want to be part of the family and stay in their own homes and communities as long as possible. The Association also believes that families of many aging people in New Brunswick do provide their aging parents with vital support services, although it recognizes that many providers of care depend on the "sandwich" generation. They struggle with the demands of their own children and their own existence, while at the same time being caught with the demands of a grand-parent or neighbour in need of support.

Questionnaire results showed that 35.6% of people consulted would like to have more contact with their children. (81) Indeed, it is most important for aging people to live in their own homes, surrounded by their families, friends, and neighbours, and to participate in community life if they are to remain happy and in good mental health.

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(79) Appendix V, #19, p. 116
(80) Brief of the New Brunswick Association of Social Workers, p. 2
(81) Appendix V, #31, p. 119

When aging people were asked the question: "If you had the choice, where would you want to live?", 55.9% replied, "in my own home." (82)

What are the roles of the aging in the family and community?

(i) at the family level

The role of the aging has been modified in the course of the past few decades, especially when children grow up or enter the labour market, as they leave home and live on their own or move elsewhere.

Our society must not consider it a child's responsibility to stay with and keep aging parents as was the case a few decades ago. Rather, society encourages the aging to stay in their own home and enjoy their independence, their autonomy, their best time as grand-parents, both for the good of our society and that of the elderly themselves.

However, during hearings and meetings with the aging in the province, we gathered comments such as: "Living alone means fewer and less varied social and family contacts for the aging person, so that his or her role is limited to occasional baby-sitting, knitting, or darning." The feelings of loneliness and uselessness become major problems for them.

Other people stated that their role was exclusively one of visiting children and grandchildren, for some on a regular basis, for others on special occasions only. However, some briefs speak about relations between the aging and their families as good and well-maintained, providing a sense of belonging to the family, which results in a real contribution to the needs of the aging.

The Advisory Committee discovered that some aging people living with their children are kept occupied with a role which seems to fall within the category of services such as baby-sitting while the young couple is at work, sewing, cooking, and even looking after financial affairs. Committee members also

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(82) Appendix V, #27, p. 118

noted that some aging persons living with their children have nothing to do because the children think that aging parents have already done their part, and that the time has come for them to sit back. In this way, they lose their role of earlier years as a parent, worker, spouse, or friend, and this has a major emotional effect. The Committee encountered people who were seriously affected by the frequency of suicides, especially among aging men, because of the role which had been attributed to them.

Although in general, the principle of mutual assistance is accepted by the younger and older generations, the aging are still somewhat reticent to accept help from their children. However, there is a serious demand for basic services for the aging. It is interesting to note that 15.6% of the seniors who replied to the questionnaires preferred these services to come from their children. (83) For assistance in resolving personal problems, 36.6% of seniors stated that they preferred to go to their children. (84)

Nowadays, it appears that care and support services for aging persons by their children are not as simple as they used to be because of profound changes in lifestyles, such as women on the labour market, the high mobility of the younger generation, and the growing tendency of young couples and the aging to live in separate residences.

However, in hearings and interviews, people called upon the family's responsibility to the aging and stressed the fact that the family is the best place for children to learn to respect aging parents. "We have simply degenerated over the past two decades", said one person to express his aversion to the "dumping syndrome".

In all the attempts made by our present social system to meet the needs of the aging, the family is invited to reassess its role in order to ensure the total well-being of aging parents.

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(83) Appendix V, #30, p. 119
(84) Questionnaire I

(ii) at the community level

It has been said that roles are generally derived from varied tasks an individual may perform within the social system.

When they were asked what role they played in the community, aging people were somewhat confused about their role, and finally replied that they did not have any role at all.

We must ask ourselves if seniors belong to professional and social organizations other than those for senior citizens. Even if society is oriented to the young, the aging people should be brought to realize that they also have an important role to play. Seniors might not recognize that they play a role.

"We are so youth-oriented that we believe life ends at 40". (85) In reality, the way our society operates has caused us to more or less forget about the aging, putting them aside into a category which is not considered valuable for society. The aging have developed their sense of values and earned respect, and status from their jobs, and if the work-related roles are no longer there, a loss of motivation inevitably follows, leading to increasing isolation and a feeling of loneliness.

It is incredible to see how aging people are classified according to myths and misconceptions which our society has not yet succeeded in dispelling.

These attitudes toward the aging in our society are responsible for their own self-image. When the question, "Do you think that the general public has a true image of senior citizens?", was asked, 29.6% said yes, 36.7% said no, and 29.8% replied that they did not know. (3.7% did not reply). (86) The false image of the seniors must be changed now by educational institutions and the seniors themselves.

During their active life, the aging spent years and years acquiring knowledge and experience. They have lived through an economic crisis much worse than the one we are now experiencing;

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(85) Brief of the Senior Aid and Research Inc., p. 1
(86) Appendix V, #71, p. 127

they have lived through more changes in lifestyle, social development, medical progress, means of communication and travel than any other generation. Through all these conditions and changes, they have struggled to build a better society for themselves and their children.

Since they have learned so much throughout their lives, they ought to be highly recognized and esteemed in our society's values, not only to improve their own lives, but also to enhance the education of young people.

Most of the briefs presented to the Advisory Committee, were strongly in favour of the aging, and asked for new mechanisms to be set up to integrate them into the mainstream of community life immediately. Special programmes should be planned in universities, community colleges, elementary schools and high schools, in order to use the experience and talents of the aging to pass down culture and to help people understand the important and not-so-easy role which senior citizens have played in building a society better than the one in which they struggled. (87) Intergenerational education is urgent in order to "promote a spirit of community and solidarity among our young and not-so-young people". (88)

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(87) Brief of the New Brunswick Advisory Council on the Status of Women, p. 9

(88) Brief of the Conseil d'administration des citoyens aînés de la zone Nord-Ouest, p. 2

2. Housing and Environment

Housing and living arrangements of the aging have considerably changed in the past two decades with the development of group residences and subsidized housing complexes for senior citizens. We know that housing is one of the important problems for aging Canadians.

Although different types of housing for seniors exist, many elderly people live in their own homes or with their families. Some move into smaller or more practical quarters, and a few move to a warmer climate. All too often, because of too small an income, poverty, illness, handicaps, loss of companions, friends, family, people do not have a choice in the selection of housing. What are the options offered to them?

These are the alternatives offered to seniors in the province:

a) The New Brunswick Housing Corporation offers

Senior Citizens Apartments

These are self-contained units and are primarily one and two bedroom apartments, although some "bachelor" apartments are also available. They have been specifically designed to meet the needs of senior citizens. Standard amenities include grab bars in the bathroom, ramps at building entrances, non-slip flooring and common recreational areas. On-site health care services are offered through the V.O.N. The rent levels are set at 25 percent of the tenant's income. Operating losses are cost-shared by the Provincial and Federal Governments and these units are managed directly by the N.B. Housing Corporation. There were about 1,935 units available in the province in 1970-80.

Rental Assistance for the Seniors (R.A.T.E.)

This program offers financial assistance to cover rental costs for those who are renting accommodations on the open market. The level of assistance provided is based on the applicant's income and the actual shelter cost up to a monthly maximum of $275 for singles and $300 for couples. Assistance is available to all renters aged 60 years and over who live in self-contained apartments.

Housing Rehabilitation

Financial assistance is available from the Canada Mortgage and Housing Corporation and the N.B. Housing Corporation to senior citizens living in their own homes to rehabilitate the dwelling. It takes the form of a $5,000 forgivable loan from C.M.H.C. and a $7,500 loan at 0 percent interest from the N.B.H.C. It is available to homeowners aged 60 years and over.

b) The Department of Social Services has

Community Placement Residential Facilities for seniors such as

- Special Care Homes which can be defined as residential facilities that provide basic supervisory care to individuals with physical and, or mental disabilities and the aging. They tend to be operated by private individuals and standards are established and monitored by the Department of Social Services, which also provides financial assistance based on a per diem amount to cover room and board costs. Most special care homes have fewer than 10 beds.

- Some of the special care homes have been converted into Community Residences offering a much broader range of services for those with severe mental retardation problems.

- The final type of residence under the Department of Social Services are Group Lodgings which offer room and board with no supervisory care. There are very few group lodgings for seniors in the province.

c) The Department of Health has under its jurisdiction

Nursing Homes

These are residential facilities that provide supervisory, personal and, or nursing care for individuals who, by reason of age, infirmity or mental or physical disability are not fully able to care for themselves. The majority of residents require nursing care. Financial assistance to help cover both the capital and operating cost of the service is provided by the Department, which also sets and monitors service standards and coordinates the eligibility assessment process. Most nursing homes are non-profit and have a volunteer board of directors, although some smaller ones are privately owned and operated. Facility size ranges from seven to over 200 beds, with most having 30 or more beds.

Seniors Rehabilitation Equipment Program

This program provides a large variety of assistive devices to individuals aged 65 years and over who require them to help maintain independent living. Items available include hospital beds, walkers, wheelchairs, stair-lifts, shower seats, etc. They are loaned to the individual for as long as required by either the Canadian Red Cross or the Canadian Rehabilitation Council for the Disabled on the basis of a written referral from a doctor, public health nurse, physiotherapist or extra-mural hospital personnel.

There are numerous advantages in housing for the aging, such as rent established according to income, a reasonable size of occupancy, clean premises, and good planning. However, the persisting negative side is the loss of independence, privacy, and choice, and the distance, in so many cases, of this housing from the city.

The percentage of persons who own their own homes is higher among the aging than younger population groups, and a house is often the only major physical asset of the aging. Census figures on homeowners (89) show that in 1976 less than one-third of all aging people rented their home. Houses belonging to aging people are generally older than the average and frequently in need of repair or improvement. Although there are programs providing funds from both the federal and provincial governments through forgivable home improvement loans and provincial renovation programs, process of applications is slow.

The various types of housing mentioned previously are necessary, but should be used only as a last resort because of their negative effects on the aging. Not only are these types of housing often inaccessible (500 seniors on the waiting list), and in some cases inadequate and subject to unsuitable placement, but they also have a tendency to radically change the lifestyle of the aging. Because of the lack of a natural environment and a large number of regulations, these people lose their independence and their lucidity.

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(89) Canadian Governmental Report on Aging, p. 61

During public hearings held in the various sectors of the province, the housing problem was often raised, and it seems to be the fondest wish of aging people to stay "at home", providing their own comfort, security and happiness within the limits of their physical and financial resources. Unfortunately, this is often not possible.

In response to the questionnaires, we were given a clearer picture of the housing conditions of the seniors in New Brunswick. Of the 1,491 people who replied, 89.3% said they were satisfied with their housing, compared to 6.2% who were not, and 4.4% did not reply. (90)

This section can only be closed by stressing the need for an accomodations structure which meets this objective:

- keep seniors in their habitual surroundings- the neighbourhood.

Environment/Urban Planning

Urban planning is beginning to assume greater importance in the development of our towns and cities. Unfortunately, this was not always the case and we have many examples of poor planning, most notably in the construction of housing for the aging which tended to segregate seniors from the rest of the population.

The integration of the aging in society is essential. In recognition of this, urban planners must take into account housing for seniors in city or town centers. We must not create senior ghettos outside of cities, inaccurately assuming that the aging want a tranquil environment.

Seniors must have the option of living near businesses, and shopping and cultural activities, and live in an environment that takes into account their physical needs. This means planners must consider the special needs of the aging in construction, from providing wheelchair ramps or the installation of railings to building senior citizen complexes in the city or town centers.

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(90) Appendix V, #20, p. 116

3. Transportation

Transportation is often the factor in the physical environment which is the aging person's link with services, commodities, resources, and opportunities necessary to his or her existence. Studies on transportation systems indicate that the aging count on walking to get around, but this is limited by inadequate arrangements for pedestrians and dangerous conditions. Studies also show that transportation is the least suited to the groups which need it the most - people who are physically frail, those living alone, minorities, people who live downtown, and the poor. It was noted that the aging preferred an adequate method of transportation to get to the clinic or hospital, shopping centers, churches, banks and other places of their choice, to moving closer to these services.

In the hearings and interviews throughout the province, transportation was given the same emphasis as housing, which was dealt with earlier in this report as one of the main problems of the aging.

For economy or health reasons, many aging people cannot have private transportation. In reality, most of the income of aging people from O.A.S. (Old Age Security) and G.I.S. (Guaranteed Income Supplement) is spent on housing, repairs, food, and heating. There is then very little left for such luxuries as private cars, or even public transportation, which is too often adapted to rush hour needs rather than the needs of senior citizens who have problems getting around.

In New Brunswick, due to our small and widely dispersed population, the problem of public transportation is twofold. Research indicates that many municipalities and agencies have made an effort to provide transportation by purchasing buses and providing them to non-profit organizations.

Public transportation managed by community organizations in New Brunswick is a viable and proven option. However, in our course of study, it was indicated on numerous occasions that service is very limited and in need of financial support. During Committee hearings, interviews and through questionnaires, the lack of available transportation was emphasized.

The cost of transportation is a serious consideration not only for seniors but also for agencies that depend on volunteers. The cost of delivering such services as Meals on Wheels is becoming higher and higher and senior volunteers find it difficult to meet these costs. (91)

Questionnaire results showed that the following methods of transportation were used by the aging: (92)

- walking 35.4%
- personal car 52.8%
- the car of a child, relative, or friend 32.3%
- taxi 12.9%
- bus 11.6%
- train 6.4%
- other methods of transportation 5.3%
- do not use methods of transportation 8.9%

The lack of means of transportation for seniors considerably decreases the quality of life for this important sector of the population.

4. Leisure

In New Brunswick, recreational facilities for the aging have been set up mainly by the New Horizons Program, open to all seniors without distinction. Programmes differ from one community to another with regard to financial support available and the number and talents of directors. The purpose of these programmes is to give aging people a chance to remain actively involved in their respective communities. With special subsidies available from the New Horizons Program through the Department of Health and Welfare, the aging have had the chance to work together and this has led to the development of clubs for seniors. The basic objective for such clubs would be to provide the aging with socially enriching experiences which will help them maintain their dignity as human beings and increase their sense of self-worth.

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(91) Brief of the Senior Aid and Research Inc., p.2
(92) Appendix V, #83, p. 130

Until now, Senior Citizens' Clubs in New Brunswick have been the greatest source of recreational activities for the aging. There are 70,550 seniors in the province, and 1/3 of them belong to these clubs, which leaves the other 2/3 occupied with their own activities or having no activities.

Most of the clubs tend to cater to their members only, and provide recreational activities such as parties, bingo, special meals, and social events relating to the lives of their members. Many other aging people would like to join, but are not interested because of the limited choice of activities.

We are well aware that the aging should not be "organized" in the proper sense of the word, as this would bring them frustration and lack of autonomy and independence. The New Horizons Programme was specifically planned to give aging people the chance to get organized on their own. (93) However, according to our hearings in the province, a large number of senior citizens would like to receive assistance and expertise in order to set up new programmes which might interest more aging people in the community.

During the hearings and interviews, the Committee met a certain number of people asking for activity and meeting centres. It was determined that at the present time, aging people spend a great deal of time during the day in shopping centres, watching people go by and meeting one another.

According to our questionnaire, the main activities of the seniors in New Brunswick are playing bingo (53.5%), visiting their children, relatives, or friends (74.3%),travelling or going for drives (49.2%), walking, cycling, exercising, or gardening (59.2%), sewing or crafts (47.1%), dancing, participating in social evenings (25.9%), watching television and listening to music (88.3%), reading (76.3%), other activities (22.4%), and only 6.4% reported they do nothing. (94)

It is interesting to note also in the results of the questionnaire that of the people who replied, 75.5% stated that there were enough associations and organizations in the community, and only 16.0% replied that there were not enough (8.5% did not reply). (95) Only 42.8% are members of an organization or association, whereas 36.9% are not (20.2% did not reply). (96)

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(93) Brief of the New Brunswick Pastoral Institute, p.5
(94) Appendix V, #38, p. 120
(95) Appendix V, #32, p. 119
(96) Appendix V, #33, p. 119

The aging who responded to our questionnaire stated that they want more activities; but on the other hand, 75.5% answered that there are enough associations and organizations in the community, as indicated above.

It is generally noted that the aging are apprehensive about how they are going to use their retirement time after having been the "breadwinner" of the family for 40 or 50 years. There is a feeling of "worthlessness" by people when they stop working. Why? Perhaps because our society is too concerned with everyone's productivity. Part of the problem is that our society has not yet developed a plan or discipline to guide new groups of retired persons with regard to the use of their leisure time.

5. The Act Protecting the Aging

The Charter of Rights in the Canadian Constitution and existing human rights legislation across Canada, provide varying degrees of protection against discrimination on the basis of age. We must ensure that on the provincial level our legislation is equally comprehensive, protecting and guaranteeing the rights of seniors, and adaptable to changes which will develop as our provinces population ages.

As stated in the "Canadian Governmental Report on Aging", (97) legislation does not always meet the immediate or specific needs created by changing social issues. It does, however, set the tone whereby regulations and policies may be established to meet evolving issues. The effect that this could have on society as a whole, whether direct or indirect, could represent a political issue.

In New Brunswick the following Acts and Regulations are in place to protect the rights of seniors:

- Child and Family Services and Family Relations Act and Regulations.
- Social Welfare Act and Regulations.
  Social Welfare Act - Income Maintenance Standards.
- Health Services Act and Regulations.

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(97) Canadian Governmental Report on Aging, p. 145

E. Social Needs and Social Services

As stated on numerous occasions in this report, seniors must be encouraged to stay at home. To achieve this goal, our aging need support services.

We know that the aging in New Brunswick have access to a variety of services supplied by the Department of Social Services, the Department of Health, the Department of Labour and Manpower, the Department of Education, the New Brunswick Housing Corporation, Volunteer Services, and others.

Are these services sufficient or satisfactory? When in our survey we asked the question: - " Do you need additional assistance?" The aging replied they would need assistance in the following areas: (98)

- to prepare meals 8.5%
- to do the housecleaning 32.9%
- to do the laundry 13.7%
- to shovel snow or clear ice away from walk or driveway and cut grass 47.4%
- to change the light bulbs 17.6%
- to use the telephone 7.6%
- to go outside 7.4%
- to get around in the house (Questionnaire 1) .. 11.1%
- to take medication (Questionnaire 1) 16.4%

However, it can be noted that when the aging need assistance, they prefer this assistance to come from (99)

- one of their children 15.6%
- one of their relatives, friends or neighbours 4.9%
- Community Based Services (visiting (homemakers, etc.) 10.0%
- volunteer services program 7.0%
- other 5.2%

We have discovered firstly that many seniors are not aware of the fact that the government provides support services in the province and secondly, that there is a serious lack of these services in certain regions. We must ask, "What is the use of services if people are not aware of them?"

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(98) Appendix V, #29, p. 118
(99) Appendix V, #30, p. 119

Services For Seniors

The Advisory Committee received a document from the Department of Social Services concerning integral services offered by that Department during the last stages of printing this report. We regret that this information was not available at an earlier time as it would have been integrated in this study. However, we have included this information in Appendix 10.

Let us now take a closer look at some of the Social Services available to seniors.

1. Community-Based Services for Seniors Program

The province of New Brunswick, through the Department of Social Services, has established a Community-Based Services for Seniors Program. The purpose of this program is to provide a range of support services which enable the aging to remain independent, living in their own community as long as possible, thereby eliminating or delaying the need for institutional placement in hospitals or nursing homes.

Initiated as a pilot project in three communities in 1978, the program expanded in 1980 to the remaining five cities of the Province, and in 1982 further expansion began in an effort to meet the community support needs of the frail aging in all parts of the Province.

To be eligible for C.B.S.S., the client must be at least sixty-five years of age, a resident of the Province, living in his or her own home or apartment, experiencing difficulty coping with the day-to-day activities and unable to continue independent living without some outside help. Examples of eligible clients include seniors convalescing from an acute illness;seniors coping with a chronic or progressive illness; seniors adjusting to the loss of a spouse; seniors with a physical impairment such as arthritis which makes it impossible to do household chores and, or prepare meals; and seniors living with family members where relief care is essential to enable the family to continue caring for the aging relative.

Referrals are received from a number of sources - the seniors themselves, relatives, neighbours, friends, physicians, nurses, hospitals, police, clergy, and others. Upon receipt of the referral, a careful assessment of the client and his or her needs is made. Based on this assessment, appropriate services are provided. The range of possible services include counselling, homemaker service, Meals on Wheels, adult day care, friendly visiting, senior sitter, buddy system, heavy housecleaning, handyperson, relief care, and transportation. The Department provides ongoing case management service in order to monitor the situation and adjust the service plan as the need for service decreases or increases. The Department purchases from the Red Cross and other community agencies the services needed by individual clients.

In October, 1983, the Department provided service to a total of 4,498 seniors. Of these, 2,448 seniors received homemaker service, the average amount of this service being 16.75 hours per month. Meals were provided to 851 seniors, the average being 16.56 meals per month. The various volunteer services also assisted many seniors.

The cost of the C.B.S.S. Program is modest when compared with alternate services for the frail aging. For example, in the current fiscal year we anticipate an average cost per case of $88.00 per month. The average monthly rate in a Special Care Home is $389.30 ($12.80 per day), while the current rate in a Nursing Home ranges from $46.53 to $75.40 per day - a minimum of $1,400.00 per month.

The Program is now available on a province-wide basis. The cost for the total program for 1983-84 components, exclusive of staffing for assessment and monitoring, is expected to be $4.2 million.

2. Volunteer Services

Volunteers contribute to the positive development of the community by supplying the necessary social and human services while enriching their own life at the same time.

In the province, 8 volunteer centres affiliated with the New Brunswick Volunteer Centre, specialized in the recruitment of volunteers, have in general a double goal:

- to invite and encourage the aging to spend part of their free time in helping people in their respective communities doing volunteer work;

- to encourage agencies and institutions to use volunteers in order to help them find satisfaction in volunteer work.

Community volunteer services to the aging should ideally serve as a catalyst for meaningful reintegration and involvement of the senior citizen in our society.

As was stated by provincial volunteer organizations, priority is given to different forms of community services to aid seniors. However, little is done to involve senior citizens in volunteer work.

" It is essential, therefore, that we, as concerned organizations, develop the leadership and secure the funds necessary to promote the tapping of the tremendous potential and natural resources of talent, experience and skill we find among our seniors. Who better to lead the blind than the blind, the church than the clergy, the elderly than the elderly?" (100)

During Committee hearings it was said that throughout the province there is

- a need for volunteers to co-ordinate and provide services which would improve the quality of life of the aging;
- a need for training volunteers;
- a lack of volunteers most notably in support services which enable the aging to stay at home as long as possible;
- a need for Red Cross services;
- a need for volunteers to help the aging in institutions. (101)

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(100) Brief of the New Brunswick Association of Volunteer Centers, Inc., p. 6

(101) Appendix VIII, 161-163

Financial assistance to Volunteer Centres is offered by the Department of Social Services.

Moreover, participants of hearings stressed that we must investigate ways in which transportation costs to volunteers can be reduced; also a call was made for universities and community colleges to be in the forefront of promoting volunteerism in the province.

3. Family Services

As we have already seen in answers to the questionnaire, the aging would prefer services to come from their own family. It is the opinion of the Committee that families should assume more responsibilities and look for ways to solve this problem.

Everyone knows that the sociological context does not always permit children to keep their parents at home and give them all the services needed. In cases where children have recognized their responsibility toward their parents, there is room for encouragement and assistance.

One recent formula is that of adopting grandparents. This is of benefit both to the "grandparents" and the children of the adopting family.

4. Information

The media can play an important role in informing and educating the aging. This new way of viewing the media as a source of information and education in the field of aging will require a great deal of training for program managers to update and maintain a constant flow of information.

There are no television programs directed to our senior population as such, except "Le temps de vivre" on Channel 11, which is directed at viewers in the province of Quebec. In daily newspapers, articles dealing with the needs and interests of the seniors are few and occasionally misdirected.

The potential exists to promote the use of educational programs to improve information to the aging, change the negative image of this age group in our society, and educate the whole population.

Besides television, radio and newspapers can play an important role in the information and education of our population on the problems of aging. Even government publications can aim to play that role. Recently, a request for information on certain services was made to a government department and the reply was that it did not publish its documentation because it was too complicated for a layman to understand. Obviously, this stresses the differences of what is being said about informing the public and what is actually being done.

F. Education and Research

1. Education

Many of the aging have been led to believe that they are no longer productive or useful, that institutions are their only islands of security, that they are a burden on the family and society, that they cannot look after their financial affairs for long, that they do not have any desire to continue their education, and that they have no wish for recreation.

It is now time to change these beliefs. The only method for the aging to counter all these myths, to prove their worth, to continue to cultivate themselves, to contribute to the family life, community and society is EDUCATION.

Of course, seniors must be helped in suppressing a multitude of phobias, in defining the role they are still capable of playing and in creating a positive attitude toward themselves.

Answers to the questionnaires revealed that 29.6% of seniors believe that the public has a good image of them and 36.7% believe the opposite. We could use the positive attitude of the 29.6% of the respondents as a basis to build upon. (102)

During the public hearings and interviews, it became more and more obvious that the aging needed more specific and stimulating information for their education and development.

A public health effort for individual and community life must include education of the population in matters of health and a social global effort to fight threatening factors such as confinement to rooms in institutions.

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(102) Appendix V, #71, p. 127

Information and education appear to be two of the major solutions in solving the problems that were put forth during the hearings, the most notable being (103)

- the lack of advice and facilities to follow educational programs;
- the negative image that the public has of the aging;
- the lack of consultation with the aging in the establishment of health and other services;
- too much publicity on the advantages of institutionalization;
- the fear on the part of the aging of not finding a place when the need arises;
- the lack of information regarding medication, etc.

How can education promote the well-being of the aging? The training of people working with the seniors is in the process of being improved. It even seems that this tendency will be maintained in the future. Several universities offer to diploma and non-diploma holders courses on different aspects of gerontology in various faculties and disciplines; some of them award certificates in gerontology. In the province, the Université de Moncton offers a Certificate in gerontology and a Minor in all Bachelor of Arts programs. Some faculties of medicine in Canada now have a Department of Geriatrics. In New Brunswick, financial assistance is offered to doctors who wish to be trained in geriatrics.

Still, there is not a well organized and established system, but rather a series of uncoordinated initiatives in a certain number of fields attached to various aspects of training and teaching.

It is disturbing to see that our educational institutions have been so slow in making this subject a priority, considering the increase in the number of aging and the aging phenomenon.

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(103) Appendix VIII, p. 166-167

In universities and community colleges, gerontology should be a priority if the post-secondary institutions want to assume their responsibility for this sector of the population. The needs are as follows:

- bursaries that would permit people to study in the field of gerontology;
- the establishment of programs at the university level leading to a certificate for those who work with the aging and a minor and a major in gerontology at the B.A. level;
- establishment of programs for the aging themselves;
- research in the field of aging.

The seniors themselves must have access to educational programs which will prepare them to live in an independent way during their old age, to keep informed of programs, services, career possibilities and recreational activities. Thus, there is a need for a central information source.

We can say that there is a need for a vast, organized and unified instructive and educative program, applying to

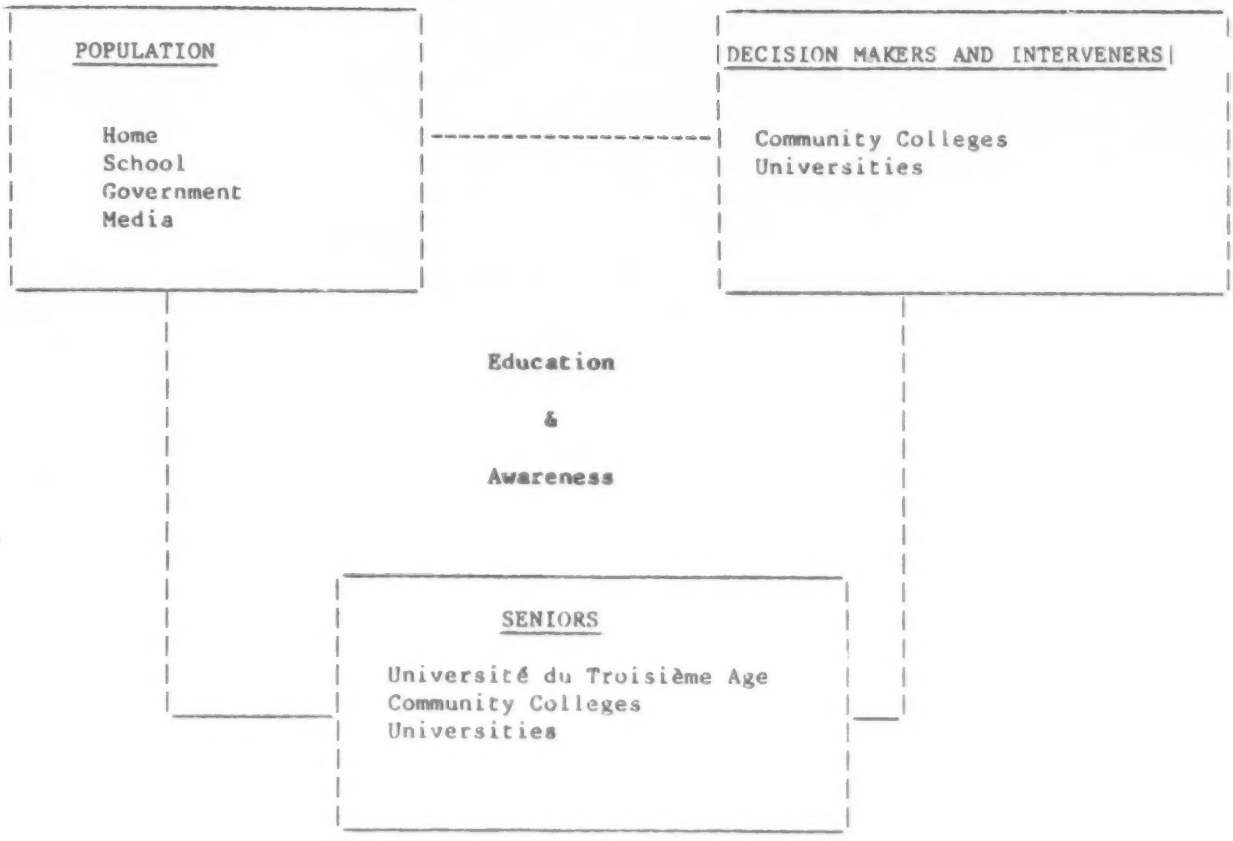
- the general public
- heads of government departments and their personnel
- those taking care of the aging
- the aging themselves.

That is to say that all those involved in the whole system must have a knowledge of gerontology and be aware of the progress recently made in the care of seniors who are ill.

During the hearings, seniors have expressed desire to have pre-retirement courses and other courses given by community colleges, universities, and even Seniors' Clubs. A prominent example of what can be done is the "Université du 3e âge" which offers courses to 800 seniors.

Considering all that has been said, we now propose a structured education program which would enable New Brunswick to better respond to its aging population through education.

INFORMATION FLOW



We must begin to educate all elements of society about aging and related issues and concerns. This can be done through the following channels:

In the Home

Education and sensitization must begin in the home, in the earliest stages of the child's development and education. We must teach our children to respect the aging and to value them as rich and important elements of society.

In Schools

From kindergarten through university, aging should be an element of school curricula as it relates to the sciences and the humanities. At the community college or university level, there should be specialized courses offered in gerontology.

The Media

The media has the most important role to play in changing the image society has of the aging and the image the aging have of themselves. This could be done through educational and entertainment programming that would benefit all segments of the public.

The Government

Government should assume a role, not only by promoting respect for the aging and developing and,or offering programs and services to the aging, but also by actively involving the aging in society.

Interveners and Decision-Makers

The time has come for government to ask those who are working for the aging to have specialized training in their related fields as now exists for those who are working with, and, or for children.

The training and the sensitization of interveners and decision makers is a gradual and progressive process. If we want to properly educate these people to intelligently deal with aging, we must begin this process now.

As previously stated, if our school curriculum contained study relating to the aging, the youth graduating from our schools would possess general information concerning aging and would be more motivated to seek out and recognize the importance of certificates and, or diplomas related to the gerontological disciplines at the post-secondary level.

It is imperative to add, however, that certificates and diplomas in gerontology, are not sufficiently comprehensive to be considered sufficient for those who have positions of high responsibility such as

- nursing directors in nursing homes and geriatric departments;
- health and social service directors at the government level;
- administrators of homes for the aging;
- college or university professors.

Physicians

We feel that every medical school in Canada should offer a certificate in geriatrics to all physicians in training and for those physicians who did not have the opportunity of benefiting from specialized geriatric training, the Department of Health should organize a series of training courses in geriatrics offered by specialists in the field.

Nurses

Nursing schools should offer gerontology courses in their curricula. For those who did not have the opportunity of benefiting from specialized training courses, training should be made available and offered in highly recognized nursing homes. These courses could be based on the American model of the Teaching Nursing Home Concept.

The Seniors

All seniors in New Brunswick should have access to knowledge in the field of gerontology as begun in the Province by the Université de Moncton.

Basic courses, whether in gerontology or other disciplines, should be offered through existing universities throughout the province or through senior clubs, in religious centers or existing schools. The intensity of these courses is not of paramount importance: they could be weekly, but it is essential that they are offered

- by seniors who have had professional experience in the related field and
- by specialists in the field of gerontology who are able to transmit their knowledge to a special group.

The idea of offering seniors the opportunity of realizing a dream of youth in old age is one which cannot and should not be ignored by educational institutions.

2. Research

All programs, services, and policies related to the aging must be founded on research which takes into consideration the unique characteristics of New Brunswick's senior population, the provinces capabilities, and existing structures.

We must cease immediately to build programs, provide services and develop a policy that is not based on prior research or that which is based on research results "borrowed" from the United States or Europe.

We must begin to regard research as a fundamental and primary step in program, service, and policy development.

We must cease immediately to give birth to programs, services and policies which, under the guise of good intention are harmful, insufficient or are initiated and then torn down due to lack of sufficient thought, planning, and knowledge.

Using nursing homes as an example, we see institutions that were created, designed, built with the best intentions in mind, some of them even serving as architectural wonders. However, we must look and see that in many cases, the health of the aging who were placed in these nursing homes has rapidly deteriorated. Why? Because these homes were designed exclusively for those who are sick. Without research, we have created institutions without determining how these homes would be used.

Who can do this research? Specialists in the field of aging. Not only those who are proficient in statistics or methodology but those who have knowledge in the field of gerontology.

The government must consult these specialists prior to launching programs, services or policy and utilize those specialists and research centers in gerontology available to them in the Province.

III. Towards an Active Policy

Policy and programs for the aging are a reflection of the philosophy of those who develop and implement them.

As the recognition of human rights evolves, a philosophy relating to the aging must be based on a humanitarian approach and this approach must be reflected in those policies and programs.

To discover what the existing philosophy is concerning the aging, the one from which policies and programs set forth for the seniors arises, we must study the definitions of aging.

1. Definition of Aging

a) Two traditional definitions of aging are

- Aging is a gradual process of deterioration and destruction of living organisms;

- Aging is a series of natural and slow changes which affect living beings from their birth to their death. These changes are sequential, cumulative and irreversible.

Neither of these definitions totally take into account the complexity of the phenomenon. They are not sufficient to support the establishment of a policy on aging.

Aging is to some extent decreed and produced by those who define it and take it into charge. Certain deficiencies become worse and irreversible only because they are considered as such. Neither the subject nor society make the necessary effort to stop or even reverse them.

In the 1960's, old age became the "third age", a period of freedom but of idleness. This was a new start which followed a lessening of the workload and of the family commitment. From this point on, the definition of "third age" was primarily directed toward the autonomy of the senior citizen, and toward social, physical and cultural activities. But in fact, it has largely served as a means of recuperating retired people as consumers.

The notion of "third age" is associated with the one of "fourth age", the "old old", the frail aging who are no longer independent. Here, there is a risk of coupling, in the same category of dependency, very dissimilar populations, especially in matters relating to their lifestyle. There is also the risk of excluding the indispensable role of prevention and in considering that dependency is inevitably linked to a chronological age.

We must stop looking at the aging as a dependent group merely "looked after" by those people who are still in the workforce.

b) A More Dynamic Approach

A policy on aging does not stand well on traditional definitions alone. Instead of confining human aging to biological aspects or to the effects of crisis and socioeconomic constraints, it is now examined in its specificities. Thus, a more dynamic approach is progressively beginning to appear.

As stated by the philosopher Michel Philibert, the aging of man is a natural and irreversible phenomenon, but it also constitutes an experience which is conducted by each individual and group. The variations between individuals, groups and generations call for a large field of action toward aging.

Aging is therefore not reduced to dependency or incapacity. Advance in age can also bring the possibility of personal and collective enrichment, which is respecting everyone's autonomy.

Self-image of a society depends on the place it has reserved for the retired and the aging. It is therefore the responsibility of the government of any society to ensure the aging are freed from a state of relegation to one in which they have the right

- to exist legally;
- to exist economically;
- to be involved in daily life.

A policy for the aging must also be a policy on the process of aging, reflecting all ages and conditions of life, promoting the balance of individuals and of groups.

2. Global Efforts in the Province

In order to ensure uniformity in any new programs and services, we need two bodies at the provincial level: a governmental and a non-governmental.

Both bodies would be responsible for

- seeing that the rights of the seniors are respected and their needs met;
- helping the aging to express themselves and to participate in community life.

Each individual should be called upon to play a role in society. The way things are now, this will require considerable effort on the part of federal and provincial governments, as well as from local community and non-governmental organizations, in matters of income, services, and integration so that aging are able to continue to play a role.

Individual or collective actions are not enough to win these new rights. It is vital that the seniors themselves take their destiny in hand to a greater degree and be guided in that direction.

Quantitative and qualitative efforts to date have been documented. However, a large number of problems have not yet been resolved. In particular, the basic idea of looking at the possibility of adapting work to the aging, and in making continued training available to everybody has been ignored too long. Social services have been regularly increased but are not extended to all parts of the province. Example: CBSS. Moreover, we have not yet looked into the financial balance in pension funding, which will no doubt become a problem in the years to come.

3. Prevention of Aging Problems

The first effort of policies on old age should be directed towards the prevention of the consequences of global and individual aging problems.

The global aging problems of a population may only be efficiently prevented by a population policy which aims to re-establish a satisfactory balance between different age groups. This could be achieved through two methods which are eventually complementary. First, there should be a reasonable birth rate. Second, the organized immigration of the working generation should offset the lack of local population at this age.

While these points bear directly on the Province, they are primarily national in scope and could only be dealt with effectively through collective effort between the Federal and Provincial Governments.

The individual aging problems are our greatest concern at this moment. We are convinced that the only solution is for decision-makers and the aging themselves to work in unison to prevent problems that are detrimental to the individual and ultimately costly to governments. With this objective in mind, we are proposing the establishment of new governmental and non-governmental structures.

4. Responsive Structures

a) Representation

The first objective is to ensure a better representation of pensioners and seniors, and to associate them in an effective way in decisions concerning them.

It is in serving this function that the Advisory Committee sees the immediate need to establish an Office on Aging.

b) Planning and Decentralization

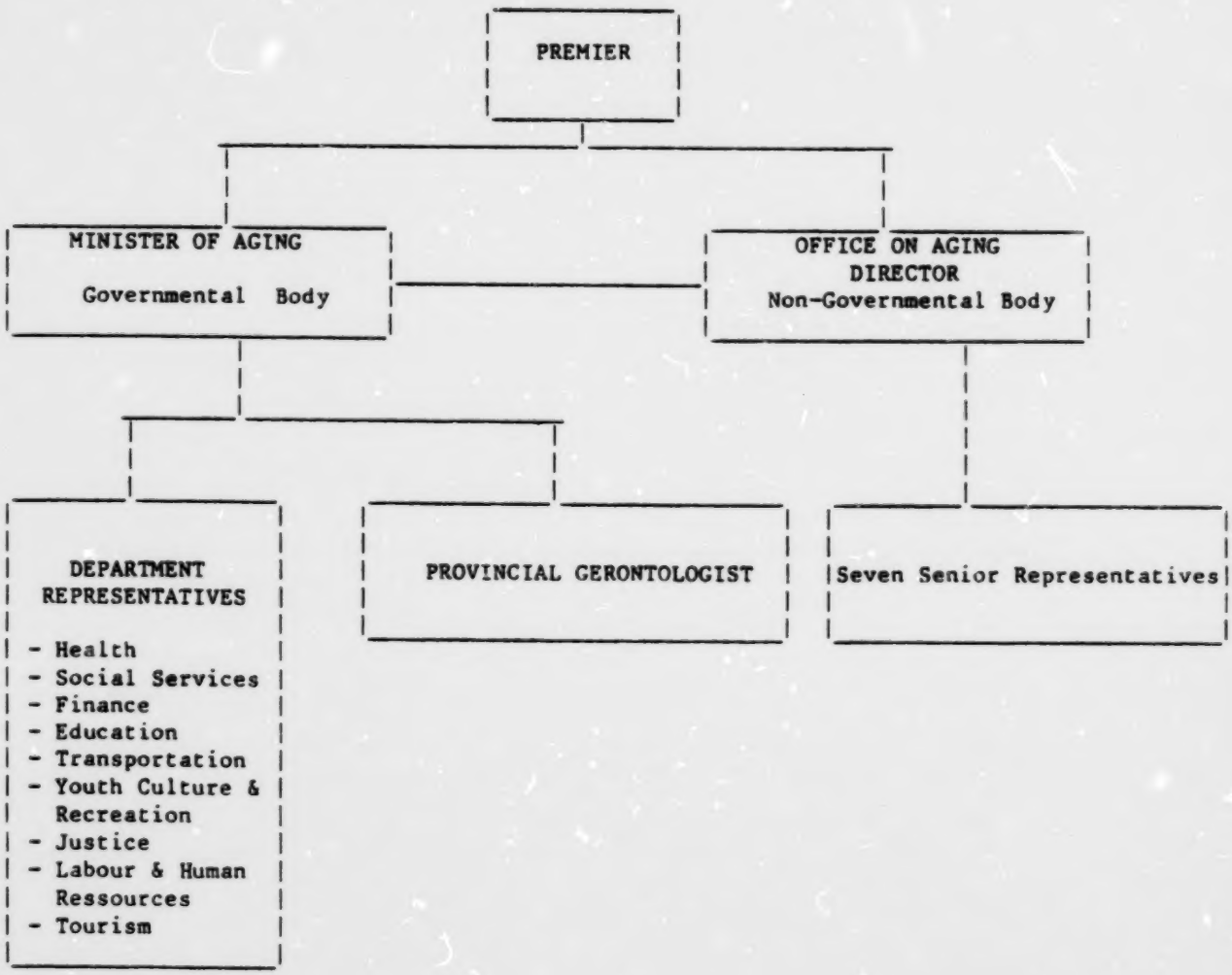
Policy planning must be based on past experience, present needs, and future expectations in keeping with the needs of the seniors. All levels of government should be involved in order to avoid planning contradictions.

Local and provincial policies should be adaptable and appropriate to the individual in the community.

It is in serving these functions, of ensuring that policy and programs are meeting these objectives, that the Advisory Committee envisions the appointment of a Minister of Aging in our province.

c) Coordination

Better and more-coordinated plans are essential to ensure that the province is offering the best for the aging. Below, we present an organizational chart outlining the way in which the proposed governmental and non-governmental bodies could be structured.



Governmental/Non-Governmental Bodies

Governmental Body

Goal

To improve the quality of life of New Brunswick's aging: "Add life to years not years to life".

Composition

Representatives from all provincial Departments dealing directly or indirectly with the aging, under the direction of a Minister of Aging (without a department) and in consultation with a provincial gerontologist.

Qualifications

Representatives of different Departments knowledgeable in their field and in gerontology.

Appointment

- Minister appointed by Premier.
- Members appointed by respective Ministers.
- Provincial Gerontologist appointed by Premier.

Mandate

Body appointed for a four-year term of office.

Non-Governmental Body

Goal

To provide a VOICE for the aging.

Composition

One senior representative from each Health Region under the direction of a senior as provincial chairperson/director.

Qualifications

Persons over 65 years of age who are trained and, or experienced in administration.

Nomination/Appointment

- One senior representative nominated from each of the six regions through consultation with senior population.
- Director/Chairperson appointed by Premier.

Mandate

Director/Chairperson and Representatives appointed for a period of two years.

Responsibilities

- To build guidelines for the evaluation, acquisition and financing of policy, programs and services for the aging.

Organization

Based in Fredericton.
Meetings would be held weekly.

Advantage

To ensure unity, consistency and coordination of policies and programs relating to seniors within the government.

Responsibilities

- To act as a consultant to the Premier and government;
- to serve as ombudsman for the aging;
- to promote education and information for the aging and general population;
- to be high profile and accessible.

Organization

In each region, the appointed representative would have an office and secretary located in his or her local town or city hall.
The main Office on Aging would be located in Fredericton.
Provincial meetings of the Office would be held monthly.

Advantage

The aging will have the means of expressing their needs, concerns and problems to government through an organized voice.

RECOMMENDATIONS

The Advisory Committee on the Development of Programs and Services to the Elderly strongly recommends the immediate formation of two governing bodies charged with the responsibility of

Body I - Developing, implementing and overseeing policies, programs and services related to the aging.

Body II - Ensuring that the rights of the senior citizens are respected and their needs met, and helping them to actively and productively participate in community life.

It is the desire of the Advisory Committee to see the appointment of a **Minister of Aging** in New Brunswick. The Minister of Aging, without department, would be responsible for forming a governing body consisting of representatives from each Department of the provincial government. This government body, under the direction of the Minister, would be responsible for those policies, programs and services which have direct or indirect effect on the quality of life of the Province's aging.

In addition to a Minister of Aging, it is the Advisory Committee's desire to see the creation of an **Office on Aging** This non governmental body, appointed by the Premier, would operate under the direction of a provincial director or chairperson and consist of an elected committee of senior citizens representing six designated regions throughout the province.

FINANCE

The Advisory Committee feels it is the responsibility of a society, and the governments of that society to protect a reasonable standard of living among its aging population. By protecting a reasonable standard of living, we promote independence and do not create victims nor passive recipients of social assistance handouts.

We recommend that the Government of New Brunswick encourage the Government of Canada to raise Canada Pensions. For those seniors in New Brunswick who have financial difficulty, we recommend that the Provincial Government offer a provincial pension as a supplement to the federal pension plan.

Retirement

We must not tolerate compulsory retirement as it is unconstitutional and discriminates against a valuable population group.

The Advisory Committee firmly backs the government's proposal to abolish mandatory retirement, thereby acknowledging the aging population's right to retire when they choose.

For those who wish to retire, the government should develop a program following the model "retraite à la carte". This means that seniors could retire gradually, leaving the workforce over a period of time through diminishing work hours.

HEALTH

Training and Quality of Service

The Advisory Committee feels there is a lack of respect within the health professions for the life and the quality of life of our aging population.

It is imperative that, regardless of age, every individual be recognized as having the right to the best health services our health system is equipped to provide.

It is imperative that as much respect be offered, and as much effort made,in guarding, maintaining and promoting the life of our aging as that of any other age group.

With these imperatives in mind, the Advisory Committee recommends that:

- those working with the aging in health related fields such as medical doctors, nurses, psychologists, physiotherapists, dentists, optometrists, and others receive special training in geriatric care;
- the Department of Geriatrics, in hospitals throughout the province, be under the direction of a specialist in geriatrics;
- a province-wide computer system be installed interconnecting all pharmacies to ensure adequate supervision of drug dispension; terminals should also be provided for hospitals;
- pharmacists be encouraged to share their knowledge and educate the aging population about medication when prescriptions are being filled.

- day care centers be established in the nursing home setting to offer a full range of health services to seniors in the community; these services would be accessible and comprehensive in their scope and include dental care, physiotherapy, occupational therapy, eye service, ear service, and other necessary services.
- a mobile clinic be established to reach the aging population who do not live within reasonable distance of basic services. We must ensure that all seniors in New Brunswick have access to ear, dental, eye, podiatric, and psychiatric services.

Health Benefits

The Committee also recommends that a provision for dental care be incorporated under the Seniors' Health Benefits Program.

Nutrition

We must recognize the importance of proper nutrition as a key element in the life cycle of any individual. Our aging are not an exception.

The Advisory Committee recommends that

- nutrition counsellors who have special training in nutrition for seniors be hired;
- all nutrition services in hospitals and homes for the aging be evaluated to determine the quality of nutrition offered;
- the government offer maximum support to Meals on Wheels programs, and, where they do not exist, devise means within communities to provide this service or such options as daily community meals for the aging offered in Senior Clubs, nursing homes or community residences.

SOCIAL SERVICES

Family

With the hope that children would recognize their responsibility toward parents, the Advisory Committee recommends that the government continue to play a role by maintaining assistance to those who are taking care of their parents, through continued provision of support services and development, and distribution of additional services as a form of encouragement and recognition.

Home Services

We must do everything within our collective power to keep our aging in their own homes. Only when we have exhausted every possible alternative should we then, and only then, begin to consider placing our aging in institutions.

Our aging must be encouraged to remain in their own homes. In order to achieve this goal, all seniors must be aware of programs and services that exist in New Brunswick which have been developed to keep them at home. The fact that these programs and services exist is not enough. Those who stand to benefit from them must know they exist and how to gain access to them.

The Government must offer maximum support to all social services that are designed to keep people at home, whether it is Meals on Wheels, home care, or other basic services.

Volunteers

The importance of volunteers in delivering services to seniors is unquestioned, and assistance must be given in special training. We must promote volunteerism not only through schools, community colleges and universities but also through local associations in every sector of the province.

The Advisory Committee recommends that in regions where Meals on Wheels and other necessary support services are dependent upon volunteers, and where the logistics of delivering these services are complex, the Government should offer financial assistance to cover the cost of the transportation of volunteers.

Transportation

For a variety of reasons many seniors lose their ability to maintain private means of transportation. Taking this and the demographic distribution of the population of the Province into account, the Advisory Committee recommends that the Department of Transportation support local community and voluntary organization efforts to establish transportation systems which will enable the aging throughout New Brunswick to remain mobile. The Department of Transportation must also initiate laws that will ensure public transportation is made accessible to seniors who are physically handicapped.

Leisure

Senior citizens' organizations should receive provincial assistance for more meaningful and creative programmes and leadership techniques so that seniors may be drawn into social relationships which center their interests outside their own day-to-day needs. The Department of Youth Recreation and Culture should hire specialists in the field of recreation for seniors to aid the aging in organizing recreation or leisure time.

Housing

Housing, whether individual or collective, is a vital element of our security, well-being and quality of life. Housing for the aging is not an exception.

The Advisory Committee recommends that New Brunswick build more nursing homes and community residences only when necessary to ensure our aging are not compelled to leave their homes two, five or even ten years prior to when they actually need this type of residence, simply to secure a place.

The Government must promote day hospitals, day care centers and overnight care to ensure our aging receive the physical and mental support they need, while enabling them to maintain their own homes where they are autonomous and free.

The Advisory Committee recommends that in constructing community residences and apartments for seniors, serious consideration be given to building multi-purpose centers. These centers would reduce the traumatism of multiple moves by offering seniors needing nursing care the opportunity to leave their apartments temporarily or permanently and benefit from nursing home services while remaining in a familiar setting.

Consideration must be given to the varied needs of a diverse population. We must not assume that apartments, nursing homes or community residences designed to meet the needs of, for example, urban dwellers, are suitable for those aging who have lived in rural districts all their lives.

Government could offer subsidies for those who wish to build accomodations to house senior parents within, or near their home.

The Advisory Committee recommends that Community Placement Residential Facilities as well as Nursing Homes should fall under the jurisdiction of the Department of Health.

The Advisory Committee does not see the need to continue having senior citizen apartments administered by government.

Urban Planning

To follow through the recommendation of this report, to promote the integration of seniors in society, the aging must not be placed in institutions outside of cities, towns or villages but rather, within communities where they are encouraged and have the opportunity to participate and contribute to community life.

EDUCATION AND RESEARCH

By 1990 all people in New Brunswick working with or for the aging must acquire specialized training in gerontology.

To be teaching in gerontology, professors must be highly trained in the field and have succeeded in the field whether in Canada or abroad;

Intergenerational education is urgent in order to promote a spirit of community and solidarity among our young and "not-so-young" people.

We believe that knowledge is power; therefore, we must educate not only those who work with or for the aging but the seniors themselves.

We must begin to regard research as a fundamental and primary step in program, service and policy development.

CONCLUSION

After having studied what has been in the past and what is in the present, we must look forward to orienting future policies and programs.

First, we must be aware that the whole society is responsible for the welfare of the aging.

As we said previously, the government should ensure the aging the right to exist economically and legally, and to be involved in daily life.

We should promote the use of educational programs, improve the information to the aging, change the negative image of this age group in our society, and educate the whole population, not excluding the seniors. Information and education are the best tools to help seniors themselves solve the problems that were put forth during hearings, interviews, briefs and questionnaires.

All seniors should be maintained in their own home as long as realistically possible. The emphasis should be on deinstitutionalization. This does not eliminate the need for nursing homes, community residences, and other types of lodging. In order to ensure better health care for all, one of the goals pursued by sheltered lodgings, retirement homes, nursing homes, and hospitals should be to "put the medical aspect into the social side and socialize the health side".

The major strengths of the health care system are its diversity and high degree of specialization. In terms of the needs of older persons, however, the diversity and specialization entail some loss in treating the individual holistically.

Consequently, emphasis should be placed on comprehensive, integrated service delivery systems. But research is needed to determine the actual effectiveness of integration: What degree of integration is desirable? In what forms? What impact will different forms of integration have on the dependence or independence of older persons? What resources will be needed? What cost mechanisms (cost sharing, third-party payment, and so on) would be most effective?

Our conclusion brings us to reflect on the words of a great gerontologist of our times, Bernice Neugarten:

"If universal programs are not feasible future prospects, what selectivity criteria can we develop for the allocation of benefits and services? To a great extent, answers to this question depend upon the policy, is a misnomer. What we have is nonpolicy, a patchwork of bits and pieces of legislation, regulations, and administrative orders that have been developed over time as political circumstances permitted passage of discrete measures on behalf of one client group or another. What characterizes the state of social policy development in our country is the absence of planning - that is, the absence of attempts to identify policy objectives and to use those objectives in the systematic development of social programs". (105)

Again referring to Bernice Neugarten, we conclude in saying: "There are different ways of being an advocate for older people. One way has been to establish special benefit programs. But another is to insist on the integration of older people in the larger population or, for lack of a better term, to use the approach of mainstreaming by ignoring age differences wherever possible and by focusing on more relevant dimensions of human differences". (106)

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(105) Neugarten, Bernice, Age or Need?, p. 285
(106) Ibid, p. 32

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APPENDIX I

THE HONOURABLE RICHARD HATFIELD

PREMIER OF NEW BRUNSWICK

THE LEGISLATURE

TUESDAY, APRIL 6, 1982

MR. SPEAKER:

THE SPEECH FROM THE THRONE ANNOUNCED AN IMPORTANT NEW INITIATIVE IN THE GOVERNMENT'S RESPONSIBILITIES TOWARDS NEW BRUNSWICK'S SENIOR CITIZENS. SINCE TAKING OFFICE, THIS GOVERNMENT HAS ATTACHED HIGH PRIORITY TO DEVELOPING COMPREHENSIVE PROGRAMS AND SERVICES TO BENEFIT OUR SENIOR CITIZENS, WE REALIZED EARLY THAT DEVELOPING SUCH PROGRAMS WAS NOT ONLY BEYOND THE ABILITY OF ANY ONE GOVERNMENT DEPARTMENT BUT, MORE IMPORTANTLY, REQUIRED THE ACTIVE PARTICIPATION AND COOPERATION OF NEW BRUNSWICK'S SENIOR CITIZENS. THIS REMAINS EQUALLY TRUE TODAY.

THE NEEDS OF NEW BRUNSWICK'S SENIOR CITIZENS, HOWEVER, ARE CHANGING. THEREFORE, THEY WILL REQUIRE AN INNOVATIVE RESPONSE FROM GOVERNMENT AS BOTH WE AND OUR AGING POPULATION CONFRONT THESE NEW CHALLENGES. THE GOVERNMENT OF NEW BRUNSWICK IS TAKING

THE IMMEDIATE STEP OF ESTABLISHING AN ADVISORY COMMITTEE ON THE DEVELOPMENT OF PROGRAMS AND SERVICES TO SENIORS IN NEW BRUNSWICK. COMPOSED OF DISTINGUISHED REPRESENTATIVES FROM THE NEW BRUNSWICK SENIOR CITIZENS' FEDERATION, GERIATRIC MEDICINE, THE DEPARTMENT OF SOCIAL SERVICES, NURSING AND VOLUNTEER ORGANIZATIONS, NURSING HOMES, AND THE ACADEMIC COMMUNITY, THIS COMMITTEE WILL PROVIDE THE GOVERNMENT WITH CLEAR POLICY OPTIONS FOR THE DEVELOPMENT AND COORDINATION OF PROGRAMS AND ACTIVITIES FOR SENIOR CITIZENS IN NEW BRUNSWICK.

THE MEMBERS OF THIS ADVISORY COMMITTEE ARE AS FOLLOWS, MR. SPEAKER:

THE CHAIRMAN, AND REPRESENTING THE ACADEMIC COMMUNITY, IS SISTER ANNE ROBICHAUD;

FROM HEALTH REGION I IS MONSIEUR LEONARD ARSENAULT, RICHIBUCTO, PRESIDENT OF THE NEW BRUNSWICK SENIOR CITIZENS FEDERATION;

REGION II, DR. ROY CREAMER, SAINT JOHN, REPRESENTING GERIATRIC MEDICINE;

REGION III, MRS. BARBARA PELGER, FREDERICTON, PROVINCIAL COORDINATOR OF COMMUNITY BASED SERVICES FOR SENIORS, DEPARTMENT OF SOCIAL SERVICES;

REGION IV, MADAME LISE CORMIER, EDMUNDSTON, REPRESENTING NURSES AND VOLUNTEERS;

REGION V, MR. LOU BURSEY, CAMPBELLTON, REPRESENTING THE NURSING HOMES;

REGION VI, MADAME DELIE CHIASSON, SHIPPAGAN, REPRESENTING VOLUNTEER WORKERS;

REPRESENTING SENIOR CITIZENS AT LARGE ARE MADAME BLANCHE BOURGEOIS FROM COCAGNE AND MRS. LOUISE ADLER FROM SAINT JOHN.

THE GOVERNMENT'S POLICY IS TO CONTINUE TO ESTABLISH EFFECTIVE SOCIAL PROGRAMS FOR OUR SENIOR CITIZENS. WE WILL CONTINUE TO WORK CLOSELY WITH NEW BRUNSWICK'S SENIOR CITIZENS TO ADOPT PROGRAMS AND SERVICES THAT MORE EXACTLY MEET THEIR NEEDS. I LOOK FORWARD TO RECOMMENDATIONS FOR ACTION FROM THE ADVISORY COMMITTEE WITHIN A FEW MONTHS AND THE FINAL REPORT IN TWELVE MONTHS.

APPENDIX II

Committee members

To provide a proper structure for studying the needs of the aging in New Brunswick, the Government decided that each of the six Health Regions defined by the Department of Health would be represented by one member on the Committee. The following members were therefore appointed to the Committee:

- Chairperson: Soeur Anne Robichaud, representing the academic community.

- Region I: M. Leonard Arsenault, Richibouctou, former president of the New Brunswick Senior Citizens' Federation.

- Region II: Dr. Roy Creamer, Saint John, representing geriatric medicine; Dr. Creamer died in November 1982 and was replaced by Dr. Kenneth Rodgers in December of that year.

- Region III: Mrs. Barbara Pelger, Fredericton, provincial coordinator of community services for seniors, Department of Social Services; replaced by Mr. Gerald Hickey before the Committee began operation.

- Region IV: Mme Lise Cormier, Edmundston, representing nurses.

- Region V: Mr. Lou Bursey, representing nursing homes.

- Region VI: Mme Delie Chiasson, Shippagan, representing volunteer workers.

- Mme Blanche Bourgeois from Cocagne and Mrs. Louise Adler from Saint John were appointed to represent senior citizens. Mme Blanche Bourgeois died in November 1983.

We soon realized that under this structure, things were difficult for the government officials on the committee as its mandate comprised a study of government policy, and this was very closely related to their work. We thought it best at one time to continue the work as a group of non-governmental members.

- Secretary: Mme Flora Cormier

- Editors: Soeur Anne Robichaud and Mr. Shawn MacDonald

APPENDIX III

Specialists consulted

Specialists in the field of aging who contributed to the progress of our research:

- Prof. Leonard Cain, sociologist at the University of Portland in Oregon, and the author of numerous publications.

- Pr. Ronald LeBlanc, economist at the Université de Moncton and a member of the gerontology research team.

- Mr. Robert Eaton, a Moncton architect, specializing in the design and construction of housing for the elderly.

- Mr. Lawrence Crawford, provincial gerontologist in Ontario and provincial coordinator of the Senior Citizens's Secretariat. He has established this Secretariat for Senior Citizens under the Ministry of Social Affairs.

- Pr. Michel Philibert, internationally known gerontologist, Director of the Centre pluridisciplinaire de gérontologie at the Université de Grenoble, France.

APPENDIX IV

Documents consulted

A certain number of documents were used as a basis for the study conducted by the Committee, who wanted first to be informed on the work accomplished by other groups.

- A report written in 1973 by the Interdepartmental Committee on Care for the Aging. The terms of reference of this Committee were "to review current policy, identify the major problems, evaluate alternative policy choices for the government and to present recommendations to the government, including estimates of cost."

- A study conducted by the Health Services Advisory Council from April 1979 to June 1981, at the request of the Department of Health, into the current state of health care delivered to the elderly.

- The second report of the Interdepartmental Committee on Care for the Aging presented in 1979, and which provided a much more thorough and complete study than that carried out in 1973.

- The Canadian Governmental Report on Aging, presented by the Canadian Government in June 1982 before the World Conference on Aging held in Vienna from July 26 to August 6, 1982.

APPENDIX V

SURVEY ON THE NEEDS OF THE ELDERLY IN NEW BRUNSWICK

Questionnaire I and II

REGIONS	ANSWERED	RELATIVE FREQUENCY(%)
1	145	9.7
2	413	27.7
3	475	31.9
4	263	17.6
5	170	11.4
Unknown	25	1.7
Total	1491	100.0

1. ARE YOU — RELATIVE FREQUENCY(%)

- Head of household..... 55.4
- Spouse?..... 24.0
- Other?..... 12.7
- Wrong answer..... 2.8
- Not answered..... 5.1

2. TO WHICH OF THE FOLLOWING AGE GROUPS DO YOU BELONG?

- 65-69 years..... 31.5
- 70-74 years..... 30.7
- 75-79 years..... 18.9
- 80-84 years..... 10.4
- 85-89 years..... 4.5
- 90 or over..... 1.8
- Wrong answer..... 0.6
- Not answered..... 1.7

3. SEX:

- Male..... 39.9
- Female..... 57.1
- Wrong answer..... 1.4
- Not answered..... 1.6

4. ARE YOU:

- Single?	7.6
- Married?	58.9
- Separated?	1.0
- Divorced?	0.7
- Widowed?	30.1
- Other?	0.8
- Wrong answer	0.5
- Not answered	0.9

5. WHAT IS YOUR MOTHER TONGUE?

- French	50.9
- English	46.5
- Other	0.6
- Wrong answer	1.1
- Not answered	0.9

6. WHICH LANGUAGE DO YOU ORDINARILY USE IN EVERYDAY LIFE?

- French	46.6
- English	50.0
- Other	0.0
- Wrong answer	2.1
- Not answered	1.3

7. HOW MANY CHILDREN DID YOU HAVE?

- 1	9.1	- 13	1.8
- 2	11.1	- 14	1.1
- 3	10.5	- 15	0.7
- 4	9.7	- 16	0.9
- 5	6.9	- 17	0.7
- 6	5.1	- 18	0.5
- 7	4.2	- 19	0.1
- 8	3.5	- 20	0.1
- 9	3.0	- 21	0.1
-10	2.5	- Wrong answer	0.2
-11	2.5	- Not answered	23.3
-12	2.6		

8. HOW MANY CHILDREN ARE STILL LIVING?

- None	7.6
- 1	13.0
- 2	14.7
- 3	10.7
- 4-6	17.8
- 7-9	12.8
- 10 or more	9.7
- Wrong answer	0.1
- Not answered	13.4

9. FOR HOW MANY YEARS DID YOU ATTEND SCHOOL?

- None	2.8
- 1-2	4.1
- 3-4	10.2
- 5-8	39.2
- 9-10	18.0
- 11-12	15.0
- 13 or more	7.8
- Wrong answer	0.2
- Not answered	2.8

10. WHEN YOU LEFT SCHOOL, WERE YOU IN: (Questionnaire 2)

- Elementary school?	31.0
- Secondary school?	17.6
- Teacher's college?	4.9
- Trade or technical school?	1.5
- College?	2.7
- University?	3.0
- Other?	4.3
- Wrong answer	27.0
- Not answered	7.9

11. TO WHAT RELIGION DO YOU BELONG?

- Catholic	59.5
- Jewish	0.3
- Baptist	10.6
- United church	12.9
- Anglican	8.7
- Pentecostal	1.3
- Presbytarian	2.5
- Other	1.6
- None	0.8
- Wrong answer	0.5
- Not answered	1.3

12. ARE YOU RETIRED?

- Yes..... 90.8
- No..... 4.3
- Wrong answer..... 0.2
- Not answered..... 4.7

13. IF SO, HOW MANY YEARS HAVE YOU BEEN RETIRED?

- 0-2 years..... 5.6
- 3-5 years..... 13.3
- 6-9 years..... 17.2
- 10 years or more..... 31.1
- Wrong answer..... 25.2
- Not answered..... 7.7

14. ARE YOU STILL EMPLOYED?

- Full time..... 2.0
- Part time..... 3.0
- No longer working..... 83.8
- Wrong answer..... 0.2
- Not answered..... 11.0

15. IS YOUR SPOUSE RETIRED?

- Yes..... 49.7
- No..... 7.8
- No spouse..... 30.6
- Wrong answer..... 0.2
- Not answered..... 11.7

16. IS YOUR SPOUSE STILL EMPLOYED?

- Full time..... 2.5
- Part time..... 2.3
- No longer working..... 40.4
- Never worked..... 16.7
- No spouse..... 23.0
- Wrong answer..... 0.3
- Not answered..... 14.8

17. WHY HAS THE HEAD OF HOUSEHOLD RETIRED?

- Retirement age..... 55.6
- Poor health..... 10.8
- No jobs..... 1.0
- Early retirement..... 5.8
- Other reasons..... 6.4
- Wrong aswer..... 1.9
- Not answered..... 18.4

18. ARE YOU:

- The owner of the residence in which you live?..... 62.6
- Renting a house?..... 4.8
- Renting an apartment?..... 9.3
- Renting a senior citizen's apartment?..... 5.6
- A boarder in your children's residence?..... 3.9
- A boarder in a house?..... 1.1
- A boarder in a home for seniors?..... 3.1
- Other?..... 5.2
- Wrong answer..... 1.3
- Not answered?..... 3.0

19. DO YOU LIVE:

- Alone?..... 22.4
- With your spouse?..... 54.5
- With one of your children?..... 9.9
- With a relative?..... 3.3
- With a friend?..... 1.0
- With a housekeeper?..... 0.3
- Other?..... 4.2
- Wrong answer..... 1.7
- Not answered?..... 2.7

20. ARE YOU SATISFIED WITH YOUR PRESENT RESIDENCE?

- Yes..... 89.3
- No..... 6.2
- Wrong answer..... 0.2
- Not answered..... 4.4

21. IS YOUR PRESENT RESIDENCE

	YES	NO	W.A.	N.A.
- Comfortable?	89.3	3.8	0.1	6.9
- Large enough?	84.4	4.2	0.1	11.3
- Well heated?	82.8	6.3	0.0	10.9
- Practical?	75.7	6.0	0.0	18.4
- Not too expensive to keep up?	53.4	27.3	0.2	19.1
- A place where you feel at home?	88.3	2.3	0.1	9.3
- In good condition (no need for repair)?	61.0	23.9	0.5	14.6

22. IS YOUR PRESENT RESIDENCE

	YES	NO	W.A.	N.A.
- Close to your children and/or grandchildren?	55.5	20.6	0.3	23.6
- Close to relatives?	45.6	22.5	0.3	31.6
- Close to friends?	69.1	6.4	0.1	24.5
- Close to services (stores, churches, medical facilities, etc)?	71.6	14.8	0.3	13.2
- In a pleasant environment?	80.6	3.6	0.0	15.8

23. IS YOUR RESIDENCE LOCATED:

- In a city or town?	45.4
- In a village?	24.2
- In a rural area?	27.9
- Wrong answer	0.7
- Not answered	1.8

24. WHERE HAVE YOU LIVED PREVIOUSLY? (Before retirement)

- In this residence	48.6
- In different residences within the same city, village or rural area	20.5
- In another city, village or rural area in this province	11.9
- In another province or country	6.1
- Wrong answer	5.6
- Not answered	7.3

25. WHERE HAVE YOU LIVED LONGEST?

- In New Brunswick	93.4
- In another canadian province	3.3
- In another country	1.3
- Wrong answer	0.3
- Not answered	1.7

26. IF YOU HAVE LIVED THE LONGEST TIME IN ANOTHER PROVINCE OR ANOTHER COUNTRY, HAVE YOU RETURNED TO NEW BRUNSWICK FOR ANY OF THE FOLLOWING REASONS?

	YES	NO	S.A.	N.A.
- The climate	4.0	13.1	0.0	82.8
- The environment	5.8	10.3	0.0	83.8
- To be closer to the children, relatives or friends	9.4	9.1	0.0	81.6
- Less expensive place to live	5.4	11.3	0.0	83.2
- I am from New Brunswick	30.9	5.0	0.1	64.0
- My spouse is from New Brunswick.	21.8	6.1	0.1	72.0
- Other reasons	2.6	8.0	0.0	89.3

27. IF YOU HAD THE CHOICE, WHERE WOULD YOU LIVE? (Questionnaire 2)

- In my own home	55.9
- In an apartment	3.9
- In an apartment for senior citizens	6.2
- With one of my children	2.3
- With one of my relatives or friends	0.9
- In a home for senior citizens	1.9
- Other place	0.7
- Wrong answer	26.0
- Not answered	2.3

28. WHO USUALLY DOES THE HOUSEKEEPING AT HOME?

- Yourself	35.3
- Your spouse only	12.9
- You and your spouse together	22.3
- Children, relatives, friend or neighbour	7.1
- Cleaning woman (salaried)	2.5
- Community Based Services (homemaker)	1.9
- Non-governmental organizations (volunteers)	0.1
- No chores to be done	4.4
- Wrong answer	8.2
- Not answered	5.2

29. DO YOU NEED ADDITIONAL HELP TO:

	YES	NO	W.A.	N.A.
- Prepare meals?	8.5	76.7	0.2	14.6
- Go outside?	7.4	75.6	0.0	17.0
- Do housecleaning?	32.9	54.1	0.1	12.9
- Do the laundry?	13.7	70.0	0.0	16.4
- Shop for groceries?	17.2	67.5	0.0	15.4
- Shovel snow or clear ice away from walk or driveway, cut grass	47.4	40.0	0.1	12.4
- Change light bulbs?	17.6	65.9	0.0	16.4
- Use the telephone?	7.6	75.1	0.1	17.2

30. IF SO, WHERE WOULD YOU LIKE THIS HELP TO COME FROM?

- One of my children..... 15.6
- One of my relatives, friends, or neighbours..... 4.9
- Community Based Services (visiting homemaker, etc)..... 10.0
- Volunteer services 7.0
- Others..... 5.2
- Wrong answer..... 29.0
- Not answered..... 28.2

31. WOULD YOU LIKE TO HAVE MORE CONTACTS WITH THE FOLLOWING?

	YES	NO	W.A.	N.A.
- Your children	36.0	35.7	0.1	28.6
- Your relatives	32.1	38.6	0.0	29.3
- Your friends	35.9	37.7	0.0	26.4
- Friendly visiting services	22.5	47.3	0.1	30.1
- Your neighbours	27.0	44.2	0.0	28.8
- The clergy	28.7	42.3	0.1	28.9
- Others	14.6	45.8	0.1	39.6

32. ARE THERE ENOUGH ASSOCIATIONS AND ORGANIZATIONS WHICH INTEREST YOU IN YOUR COMMUNITY?

- Yes..... 75.5
- No..... 16.0
- Wrong answer..... 0.1
- Not answered..... 8.5

33. ARE YOU A MEMBER OF

	YES	NO	W.A.	N.A.
- One association or organization?	42.8	36.9	0.1	20.2
- More than one association or organization?	27.1	38.8	0.1	34.0

34. DO YOU PARTICIPATE IN MEETINGS OR ACTIVITIES OF

	YES	NO	W.A.	N.A.
- One association or organization?	43.3	44.6	0.1	21.1
- More than one association or organization?	22.0	40.8	0.0	37.2

35. ARE YOU MEMBER OF A SENIOR CITIZEN'S CLUB?

	YES	NO	W.A.	N.A.
- Yes	31.7	32.6	25.0	10.7
- No because I cannot	2.3	12.0	25.0	60.7
- No because there is none near my home	1.8	9.3	25.1	63.8
- No, I am not interested	4.8	19.2	25.0	51.0
- No, for other reasons	3.8	11.0	25.0	60.2

36. WOULD YOU LIKE TO PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSOCIATIONS AND ORGANIZATIONS?

	YES	NO	W.A.	N.A.
- Professional associations	5.4	78.0	0.0	16.6
- Political party	5.3	76.8	0.0	17.9
- Social club (Rotary club, Lions, Kinsmen, Knights of Columbus, I.O.D.E., etc)	11.1	72.0	0.0	16.8
- Sport club (curling, bowling, etc)	10.1	70.6	0.0	19.3
- Church committee(s)	16.0	63.4	0.1	20.6
- Other association(s)	8.7	66.8	0.0	24.5

37. WHY DO YOU NOT WISH TO PARTICIPATE IN ANY OF THESE ASSOCIATIONS AND ORGANIZATIONS?

- Because I am not able	16.2
- Because there are none where I live	4.3
- Because I am not interested	28.6
- Other reasons	12.2
- Wrong answer	27.8
- Not answered	10.9

38. WHAT DO YOU DO IN YOUR SPARE TIME?

	YES	NO	W.A.	N.A.
- Play cards and/or bingo	53.5	31.5	0.0	15.0
- Visit the children, relatives or friends	74.3	10.5	0.1	15.2
- Travel, go driving around (Questionnaire 2)	49.2	25.8	0.0	24.9
- Walk, bike, do physical exercises, do some gardening	59.2	23.7	0.1	17.0
- Crochet, knit, sew, do handicrafts	47.1	23.7	0.1	19.0
- Dance, participate in social evenings	25.9	49.3	0.0	24.8
Watch television, listen to music (Questionnaire 2)	88.3	4.0	0.2	7.4
- Read (Questionnaire 2)	76.3	12.9	0.0	10.8
- Other (Questionnaire 2)	22.4	29.3	0.0	48.3
- Do nothing	6.4	44.3	0.1	49.2

39. WHEN YOU NEED INFORMATION, TO WHOM DO YOU TURN MOSTLY?

- One of my children	22.5
- One of my relatives	3.7
- My spouse	11.2
- The clergy	1.1
- A specialist (lawyer, doctor, nurse, bank manager, government agent)	7.0
- A friend or a neighbour	3.3
- Do not know whom to ask	0.6
- Do not need information	2.6
- Wrong answer	45.9
- Not answered	2.0

40. WHAT ARE YOUR MAJOR WORRIES?

	YES	NO	W.A.	N.A.
- The future	32.2	41.1	0.0	26.7
- Death	14.6	55.1	0.1	30.2
- World situation	33.6	37.8	0.1	28.6
- Conflict with other persons	6.8	60.2	0.0	32.9
- Financial need	26.5	45.5	0.0	28.0
- Insecurity	19.5	48.9	0.0	31.7
- Loneliness	23.1	46.9	0.0	30.0
- Health	49.1	29.0	0.1	21.7
- Availability of government services	26.8	40.9	0.0	32.3
- No worries	24.7	38.4	0.1	36.8

41. COMPARED TO OTHER PEOPLE YOUR AGE, WOULD YOU SAY YOUR HEALTH IS:

- Excellent?	10.1
- Good?	39.9
- Fair?	36.7
- Poor?	7.4
- Very poor?	2.3
- Wrong answer	0.6
- Not answered	2.9

42. DO YOU HAVE THE FOLLOWING HEALTH PROBLEMS?

	YES	NO	W.A.	N.A.
- Arthritis or rheumatism	55.7	32.6	0.0	11.7
- Heart condition	24.6	55.5	0.1	19.8
- Ulcers	8.0	67.9	0.1	24.1
- Diabetes	10.9	65.9	0.0	23.2
- Problems with blood circulation (high or low blood pressure, etc)	48.2	37.0	0.0	14.8

- Nervous problems	23.5	37.8	25.0	13.7
- Problems with digestion	43.9	41.2	0.0	14.9
- Hearing problems	31.7	49.0	0.1	19.2
- Vision problems	35.2	46.4	0.0	18.4
- Others	9.5	43.3	0.1	47.1

43. DO YOU VISIT YOUR DOCTOR?

- Less than once a year?	5.9
- Once a year?	18.1
- 2 to 5 times a year?	42.3
- 6 to 10 times a year?	14.6
- More than 10 times a year?	8.7
- Not in the past 2 years?	6.5
- Wrong answer	0.9
- Not answered	3.0

44. WHEN YOU SEE YOUR DOCTOR, HOW LONG DOES YOUR APPOINTMENT NORMALLLY LAST?

- Less than 10 minutes	19.9
- From 10 to 20 minutes	53.5
- From 20 to 30 minutes	17.1
- More than 30 minutes	3.4
- Wrong answer	0.5
- Not answered	5.6

45. DO YOU THINK THAT YOU RECEIVE GOOD MEDICAL SERVICES FROM THE FOLLOWING?

	YES	NO		N.A.
- Medical doctors?	90.9	4.8	0.0	4.3
- Eye specialists?	78.3	6.4	0.1	15.3
- Ear specialists?	52.2	12.8	0.2	34.8
- Dentists?	61.0	8.7	0.2	30.1
- Public Health Nurses and/or V.O.N.?	44.3	15.2	0.1	40.4

46. DO YOU TAKE MEDICATION FOR:

	YES	NO		N.A.
- Constipation, diarrhea, or urination	29.8	50.9	0.1	19.0
- Digestion	24.3	53.1	0.0	22.7
- Diabetes	9.1	64.5	0.0	26.4
- Sleep	23.5	55.2	0.0	21.3
- Nervous problems	20.0	56.3	0.0	23.7
- Pain	27.0	49.8	0.1	23.1
- Heart condition	21.4	55.7	0.0	22.9
- Respiratory problems	11.1	62.0	0.0	27.0
- Others	18.7	42.6	0.1	38.6

47. HOW MANY PILLS PRESCRIBED BY DOCTORS DO YOU TAKE EACH DAY?

- 0..... 23.3
- 1 to 4..... 52.6
- 5 to 9..... 14.6
- 10 to 14..... 3.5
- 15 or more..... 1.2
- Wrong answer..... 0.3
- Not answered..... 4.6

48. HOW MANY DIFFERENT TYPES OF MEDICATION (ASPIRINS, COUGH MEDECINE, ETC.) PRESCRIBED OR NOT PRESCRIBED BY DOCTORS DO YOU TAKE EACH DAY?

- 0..... 43.0
- 1 to 2..... 29.8
- 3 to 5..... 13.5
- 6 or more..... 3.0
- Wrong answer..... 0.3
- Not answered..... 10.5

49. DO YOU FIND THAT THE HOSPITAL IS:

- Close enough?..... 73.6
- Far away?..... 16.9
- Much too far from you?..... 5.6
- Wrong answer..... 0.6
- Not answered..... 3.2

50. FROM JANUARY 1, 1982 TO JANUARY 1, 1983, HOW MANY TIMES WERE YOU HOSPITALIZED? (Questionnaire II)

- 0 times..... 51.6
- 1 or 2 times..... 16.2
- 3 times or more..... 3.6
- Wrong answer..... 25.3
- Not answered..... 3.3

51. FROM JANUARY 1, 1982 TO JANUARY 1, 1983, HOW MANY TIMES DID YOU HAVE SURGERY? (Questionnaire II)

- 0 times..... 61.0
- 1 or 2 times..... 8.1
- 3 times or more..... 0.4
- Wrong answer..... 25.2
- Not answered..... 5.3

52. IF SERVICES HAD BEEN AVAILABLE, WOULD YOU HAVE PREFERRED TO BE TREATED AT HOME?

- Yes..... 41.2
- No..... 36.2
- Wrong answer..... 0.1
- Not answered..... 22.5

53. ARE YOU AWARE THAT HOSPITAL SERVICES IN THE HOME (EXTRA MURAL HOSPITAL) ARE OR WILL BE AVAILABLE TO YOU?

- Yes..... 33.9
- No..... 59.2
- Not answered..... 6.9

54. DO YOU INTEND TO USE THIS SERVICE IN THE FUTURE?

- Yes..... 63.8
- No..... 18.6
- Not answered..... 17.6

55. IS YOUR APPETITE USUALLY

- Excellent?..... 27.0
- Good?..... 49.8
- Fair?..... 19.0
- Poor?..... 2.0
- Wrong answer..... 0.2
- Not answered..... 2.0

56. DO YOU EAT ANY OF THE FOLLOWING GROUPS OF FOOD <u>AT LEAST TWICE</u> DAILY?

	YES	NO	W.A.	N.A.
- Milk, cheese, ice cream.....	82.4	12.7	0.0	4.9
- Bread, cereals, rice, macaroni, or spaghetti.....	91.1	4.0	0.0	4.9
- Meat, fish, eggs, beans, nuts...	86.7	9.2	0.1	4.0
- Vegetables, fruits or fruit juices.....	91.6	4.5	0.1	3.8

57. DO YOU HAVE

- All your teeth?..... 1.9
- Most of your teeth?..... 10,7
- Some teeth and dentures?..... 21.3
- Dentures only?..... 53.9
- No teeth and no dentures?..... 4.8
- Wrong answer..... 3.4
- Not answered..... 4.1

58. IN THE PAST YEAR, HAVE YOU

	YES	NO	W.A.	N.A.
- Lost weight?	29.8	48.4	0.1	21.8
- Gained weight?	22.3	50.1	0.1	27.5
- Been on a diet prescribed by a doctor?	17.1	55.1	0.1	27.8
- Don't know if I have lost or gained weight (Questionnaire II)	25.2	17.2	0.1	57.6

59. DO YOU HAVE DIFFICULTY HEARING

	YES	NO	W.A.	N.A.
- In a group of people?	39.2	52.0	0.0	8.9
- Radio or television?	18.2	65.3	0.0	16.4
- On the telephone?	17.8	66.0	0.0	16.2
- In conversation with one person?	18.3	66.8	0.1	14.8

60. DO YOU HAVE DIFFICULTY SEEING

	YES	NO	W.A.	N.A.
- While reading newspapers?	26.7	62.4	0.1	10.8
- While reading labels (on bottles and cans)?	34.3	51.0	0.1	14.6
- While reading telephone books?	29.0	54.6	0.1	16.2
- When you are outside?	11.1	71.0	0.0	17.8
- While you are in a store?	16.4	65.1	0.0	18.5
- When you are in semi-darkness?	31.7	51.2	0.0	17.0
- While driving a car? (Questionnaire II)	3.3	43.3	25.1	28.4

61. DO YOU HAVE DIFFICULTY

	YES	NO	N.A.
- Getting in or out of bed?	7.6	84.7	0.0	7.7
- Getting out of bathtub? (Questionnaire II)	21.8	72.6	0.1	7.6
- Sitting or getting up from chairs?	14.2	77.3	0.0	8.5
- Going up and down stairs?	25.8	66.3	0.0	7.8
- With personal care? (dressing yourself, combing you hair, etc)? (Questionnaire 2)	6.8	84.0	0.0	9.3

62. ARE YOU ABLE TO GET AROUND

- Walking without help?	82.7
- With some help?	2.1
- With additional support? (cane, crutches, walker or wheel chair)?	4.6
- I am unable to get around	2.0
- Wrong answer	1.7
- Not answered	6.9

63. DO YOU PARTICIPATE IN ANY OTHER PHYSICAL ACTIVITIES SUCH AS

	YES	NO	W.A.	N.A.
- Walking outside?	77.5	17.0	0.1	5.5
- Sports (cycling, skating, etc.)?	9.5	64.7	0.0	25.8
- Physical fitness exercises?	17.8	58.1	0.0	24.1

64. IF PHYSICAL ACTIVITIES WERE AVAILABLE IN YOUR COMMUNITY, WOULD YOU PARTICIPATE?

- Yes	36.9
- No	56.1
- Not answered	7.0

65. DO YOU SMOKE?

- Never	73.2
- Less than 5 cigarettes per day	2.8
- 5 to 10 cigarettes per day	5.7
- 11 to 20 cigarettes per day	6.6
- More than 20 per day	4.0
- I smoke a pipe or a cigar	2.8
- Wrong answer	0.5
- Not answered	4.3

66. DO YOU HAVE DIFFICULTY RECALLING EVENTS OR THINGS THAT HAPPENED DURING THE DAY?

- Often	8.2
- Sometimes	32.3
- Rarely	24.7
- Never	30.7
- Wrong answer	0.3
- Not answered	3.8

67. DO YOU HAVE THE IMPRESSION THAT YOUR FEELINGS (JOYS, SORROWS, SADNESS, FEAR, WORRIES, ETC.) ARE MORE INTENSE SINCE RETIREMENTT?

- Yes	35.8
- No	56.7
- Wrong answer	0.2
- Not answered	7.4

68. WHICH FEELING DO YOU HAVE THE MOST OFTEN?

- Tenderness..... 13.3
- Sadness..... 9.8
- Joy..... 17.4
- Boredom..... 17.3
- Fear..... 6.2
- Others..... 11.8
- Wrong answer..... 9.6
- Not answered..... 14.6

69. DO YOU FEEL YOUR FAMILY'S ATTITUDE TOWARDS YOU HAS CHANGED SINCE YOU HAVE RETIRED?

- Yes..... 8.5
- No..... 84.6
- Wrong answer..... 0.1
- Not answered..... 6.8

70. IF YES, IS THIS FOR

- Better?..... 15.8
- Worse?..... 3.8
- Wrong answer..... 0.4
- Not answered..... 80.1

71. DO YOU BELIEVE THAT THE GENERAL PUBLIC HAS A TRUE IMAGE OF SENIORS?

- Yes..... 29.6
- No..... 36.7
- Don't know..... 29.8
- Wrong answer..... 0.2
- Not answered..... 3.7

72. WOULD YOU LIKE THAT IMAGE TO BE CHANGED?

- Yes..... 46.4
- No..... 27.0
- Wrong answer..... 0.1
- Not answered..... 26.4

73. IF SO, WHO COULD CHANGE IT?

	YES	NO	N.A.
- Government agencies.....	42.5 ..	12.4 ..	0.1 .. 45.0
- The media (press, radio or TV).	36.6 ..	14.4 ..	0.1 .. 49.0
- Educational agencies (schools, colleges, universities, etc.)..	33.5 ..	16.3 ..	0.0 .. 50.2
- Senior citizens themselves.....	48.6 ..	8.8 ..	0.1 .. 42.5
- Others.....	21.8 ..	14.2 ..	0.0 .. 64.1

74. WHAT WAS THE MAIN OCCUPATION OF THE HEAD OF HOUSEHOLD WHEN HE OR SHE WAS EMPLOYED FULLTIME (IDENTIFY MAIN OCCUPATION ONLY)? (Questionnaire II)

- Farmer, fisherman, forest worker, miner	17.6
- Truck, taxi, bus driver	2.0
- Office worker, sales personnel (salesman, sales clerk, etc.)	7.5
- Skilled tradesman (mechanic, plumber, etc.)	10.9
- Civil servant or other public service employee	8.8
- Professional, technician, teacher, nurse	5.6
- Administrator, manager or foreman	5.9
- Labourer	12.5
- Other	7.4
- Never worked (handicapped, etc.)	0.5
- Had several occupations	13.7
- Wrong answer	0.3
- Not answered	7.4

75. HOW MANY YEARS DID HE OR SHE WORK AT THIS JOB? (Questionnaire 2)

- 1 to 5 years	1.2
- 6 to 10 years	3.0
- 11 to 15 years	5.8
- 16 to 20 years	6.0
- 21 and over	72.0
- Wrong answer	0.3
- Not answered	11.8

76. INDICATE WHICH OF THE FOLLOWING TYPES OF INCOME FROM GOVERNMENT SOURCES YOU HAVE RECEIVED LAST YEAR. (Questionnaire II)

	YES	NO	W.A.	N.A.
- Old Age Security	94.3	1.6	0.1	4.0
- Guaranteed Income Supplement	50.7	26.6	0.1	22.6
- Canada Pension Plan	53.4	27.2	0.1	19.4
- Survivor's Allowance (C.P.P.)	4.0	55.5	0.0	40.5
- War Veteran's Pension	6.2	54.6	0.0	39.2
- Provincial rent subsidy	1.3	57.1	0.0	41.5
- Social Assistance (Welfare)	1.4	57.9	0.0	40.6
- United States Social Security payments	3.5	56.3	0.0	44.2
- Others	9.1	46.5	0.0	44.5

77. INDICATE WHICH OF THE FOLLOWING TYPES OF INCOME FROM PRIVATE SOURCES YOU HAVE RECEIVED LAST YEAR. (Questionnaire II)

	YES	NO	W.A.	N.A.
- Company Pension Plan	18.0	46.6	0.0	35.3
- Registered Retirement Savings Plan (R.R.S.P.)	5.2	52.6	0.1	42.2
- Interest or dividends from investments	30.8	36.2	0.1	33.0
- Income from rentals	3.2	53.7	0.0	43.1
- Income from employment	3.7	53.4	0.0	42.9
- Support from children or other relatives	2.5	54.1	0.0	43.4
- Others	3.2	50.2	0.1	46.5

78. INDICATE WHICH CATEGORY REPRESENTS YOUR INCOME LAST YEAR FROM ALL SOURCES INCLUDING GOVERNMENT PENSIONS OR OTHERS: (Questionnaire II)

- From $0 to $ 2,000	3.2
- From $ 2.001 to $ 4,000	13.1
- From $ 4,001 to $ 6,000	26.6
- From $ 6,001 to $ 8,000	16.6
- From $ 8,001 to $10,000	9.9
- From $10,001 to $15,000	10.0
- From $15,000 and over	7.4
- Wrong answer	0.1
- Not answered	13.0

79. SINCE RETIREMENT, HAVE YOU EVER BEEN PLACED IN THE POSITION OF BEING UNABLE TO PAY A BILL? (Questionnaire II)

- Never	70.6
- Rarely	7.6
- Sometimes	12.9
- Often	1.9
- Wrong answer	0.4
- Not answered	6.6

80. IF SO, WHAT WAS THE MAIN REASON FOR THIS PROBLEM? (Questionnaire II)

- My cheque arrived too late	1.1
- I had unforseen expenses	6.2
- I did not have enough money to pay	7.0
- I forgot to pay or to send the cheque	0.9
- Wrong answer	26.6
- Not answered	58.2

81. DO YOU THINK THAT SENIOR CITIZENS SHOULD RECEIVE A SPECIAL MONTHLY ALLOWANCE FROM THE PROVINCIAL GOVERNMENT TO HELP THEM MEET THEIR FINANCIAL NEEDS? (Questionnaire II)
(Questionnaire II)

- Yes 72.6
- No 16.6
- Wrong answer..... 0.1
- Not answered 10.7

82. IF YOU HAD MORE MONEY, WHAT WOULD YOU DO WITH IT?
(Questionnaire II)

	YES	NO	W.A.	N.A.
- Pay my bills and debts	37.7	29.4	0.0	32.9
- Improve conditions at home (repairs, heating, etc.)	56.0	19.9	0.0	24.1
- Invest in my personal needs:				
a) Better food, clothing, medication, etc	54.4	20.1	0.1	25.4
b) Hearing aids, glasses, dentures, etc	45.3	26.8	0.1	27.8
- Afford more transportation	41.7	29.2	0.0	29.0
- Participate in more sports or recreational activities	18.3	48.5	0.0	33.2
- Put some in a savings account .	48.1	21.3	0.1	30.6
- Help members of my family	48.8	22.9	0.0	28.4
- Make more charitable donations.	60.0	15.0	0.1	24.9

83. WHAT MEANS OF TRANSPORTATION DO YOU USE MOST OFTEN?
(Questionnaire II)

	YES	NO	W.A.	N.A.
- Walking	35.4	16.2	0.1	48.3
- My own car	52.8	16.8	0.1	30.4
- My children's, friend's or relative's car	32.3	20.7	0.1	47.0
- Taxis	12.9	30.0	0.0	57.1
- Buses	11.6	29.8	0.1	58.5
- Trains	6.4	32.0	0.0	61.6
- Others	5.3	29.8	0.0	64.9
- I do not use transportation ...	8.9	21.4	0.1	69.6

84. IF YOU HAVE DIFFICULTY FINDING TRANSPORTATION, IS IT BECAUSE
(Questionnaire II)

	YES	NO	W.A.	N.A.
- You can't afford any means of transportation?.....	12.7	40.0	0.0	47.4
- You can't afford to pay friends/neighbours?	9.8	37.3	0.0	52.9

- You don't know whom to ask for rides? ..... 9.3 .. 35.3 .. 0.0 .. 55.5
- You don't like asking for rides ..... 21.5 .. 30.9 .. 0.0 .. 47.6
- You need assistance getting to and from the vehicule? ..... 3.7 .. 45.1 .. 0.0 .. 51.2
- Other? ..... 3.9 .. 30.9 .. 0.0 .. 65.3

85. HAVE YOU MADE A WILL?

- Before retirement 34.8
- At retirement 6.4
- After retirement 24.1
- I do not have a will 24.9
- I do not know how to make a will 1.9
- Wrong answer 1.3
- Not answered 6.6

86. BUDGET: HOW MUCH MONEY DO YOU SPEND EACH MONTH FOR

- Food?
- Housing?
- Transportation?
- Clothing?
- Leisure?
- Tobacco and alcohol?
- Personal needs (health, hairdo, etc.)

(Results not yet available).

87. WHAT ADVICE OR SUGGESTIONS WOULD YOU GIVE TO GOVERNMENTS WITH RESPECT TO THE NEEDS OF THE ELDERLY?
(R stands for Region)

1. TRANSPORTATION	R1	R2	R3	R4	R5
Not answered	55	192	180	126	88
I do not know	1	2	4	1	
No comments or suggestions	6	22	29	16	5
Check if there is a need before asking the question			1		
Inform seniors as to which transportation services are available		1			
Lower rates for the elderly and those who cannot afford it	6	16	22	13	10
The only people who need help are those under the poverty level		1			
Seniors should find their own way, not depend on others		2			
I am satisfied	1	1	6	9	2
Common transportation by bus	3	4		1	1
Golden Age Clubs should have their own buses		1			
Nursing homes should have their own vehicles		1			
Mini-bus system for seniors	6	24	22	3	3
Bus service for seniors to go around town, shop and stop at parks	8	19	14	9	5
Bus to town at least once a day		3		1	1
More buses with simpler routes	3	1	1	6	5
School buses should be available for seniors' outings		4	1		1
Transportation from rural areas to towns,cities	1	4		2	3
Government grant to create bus lines from rural areas to cities		3	3	2	3
Reduce the cost of gasoline	3	6	9	2	1

Bus service on weekends		1	1	1	2
Better train service	1	1	2	1	3
Develop tramways					1
More courteous, faster, cheaper taxi service	4	9	8	7	5
Qualified person for free emergency transportation			1		2
Free transportation on public transportation systems	2	6	9	8	4
Better reductions on fares of bus lines	1	2	3	4	
Abolish taxes on gasoline		3	2	2	
Reimbursement for taxes on purchase of car		1			
Lower insurance premiums for seniors		1	1		
Privileges to seniors for price and comfort	1	1	1	3	
Receive money to eat, dress and pay for transportation	1		2	2	1
Receive money to reimburse volunteer drivers' gas money			1		
Children should be responsible for seniors transportation		2	2		
Organize short trips for seniors	1		4		1
Government should subsidize cities to create seniors' bus system		3		1	2
Improve road and highways		3			
Better snow removal services				1	
Special reserved seating for seniors on all means of transportation	1	1			
Place ramps in all public buildings		1			
Abolish seat belt law(except for infants)			1		
More trains running from one city to another	6				
Yes, we need transportation	3	5	8	5	2
Mini-bus equipped for handicapped		2	3	1	

Could be improved(lower steps in buses, more comfortable)	1	1	6	2	2
Have a volunteer drive us shopping, to church...		5	16	3	3
Better and cheaper ambulance service(even free)		7	2	5	2

2. INFORMATION

Not answered	59	218	215	145	99
The government does not listen to us					1
I don't know	4	1	2		
No comments or suggestions	9	29	22	22	6
I am satisfied	1	1	6	6	4
Yes, we need information	4	4	3	3	
Who do we seek for information?	2				
The churches, parishes and clubs should give us the information	2	4	2	1	
Receive more information from family					1
Give media information related to the rights and services for senior citizens		7	6	3	
Make media aware of problems encountered by the elderly		5	2	1	
A daily radio program for seniors			2		1
Establish a daily French-language newspaper	1	3	4		
Special magazines and newspapers for the elderly		3	2		
Distribute information in more everyday language	3	1	2	3	
More publicity on available programs	1	3	5	3	3
Publish information pamphlets monthly or annually on services offered to the elderly		4	5	2	4
Distribute information pamphlets with Old Age Security cheques	3	5	4	1	2
Distibute information with pamphlets, brochures, etc.	1	2	5	2	2

Distribute information on special programs for seniors	1	2	5	4	2
Inform the public on the needs of seniors	2		1		
More truthful information	2	1	3	2	
More information about drugs, nutrition, physical fitness and hospitals	1	3	8	2	
Doctors should inform patients about drugs, their effects and prevention of diseases		3	5		
Make sure that non-members of clubs are contacted			1		
Publicity				1	
More information about counselling services		2			
More information about help in emergency situations(without red tape)				1	
Seniors shold be made aware of all changes made by government		2		1	
We want a contact person from the government with a toll free phone number		9	4	4	
Monthly government report				2	
What services does government offer		3	1	1	
Government should do something for seniors			1		
Government should stay out of it, they only raise taxes					1
Information on the Extra-mural hospital and medication	2	1	13		2
Information on how to shop wisely and plan a budget		1			1
More information on grants for home repairs	1	2	2	1	2
Create information centers where we could visit or phone free		5	5		2
Information should be available on demand			3	2	1
Inform public that seniors are producers as well as consumers					1
Information for those with vision problems			3		1

I don't know a lot about information	1				
We need more information forwarded to us	4	11	2		1
Encourage the elderly to stay in their homes	1				
Information on discounts and reductions	2	1	1		1
More information on those who need help	1	1			
Someone to call seniors every day and check on them		3		2	
Information delivered personally to the elderly		2	2		
More information on wills	2	1	4		
Should be done on volunteer basis			1		

3. HOUSING

Not answered	57	191	176	113	87
I don't know	2		3	1	1
No comments or suggestions	9	22	30	16	2
Poor but satisfied		1		1	
Satisfied with housing for seniors	2		3	6	2
Small houses for the elderly		1	1		
The government should offer services and/or money and encourage us to stay at home	7	17	26	16	11
We should have the freedom of choice of where we want to live			1		
The government should encourage children to keep their parents with them		2			
Government should inspect nursing homes to see the infractions being made		1			
More hospital beds for seniors				1	
Nursing homes should charge a lower percentage of our income					2
Government should inspect our houses and give grants to fix them	5	40	15	3	7

Receive grants to pay our bills(heating, electricity, etc.)	4	19	26	6	7
Our heating should be paid for	3	1	4		
Reduce the rent for people living in apartments	5		1		
Do not tax the elderly	1				1
Reduce or even abolish taxes	7	22	29	13	9
Widows should be able to deduct large amounts from income tax			1		
The government should control the rental fees	1	9	8	6	4
The government should build more nursing homes for seniors		10	13	7	4
Create a housing complex with small apartments and a central kitchen				2	
More low-rental housing complexes	1	35	26	37	20
Build more housing facilities in major area	4	3	1		2
More housing with nursing facilities	3	3	2		
Construct better, livable housing complexes	5		6	2	
Transform old hospitals into nursing homes			1		
Expand nursing homes	2	1	1		
More housing for seniors in urban areas		1	1		1
Housing complex in every parish		1			
Be prepared to answer the increasing demands for housing from seniors			1		
Make sure that grants be forwarded as fast as possible			1		
It is hard for an elderly to keep a house in order	1				
Clean our driveway in the winter					1
Improve our sewage systems				1	
More security around our neighborhood		1			

4. COMMUNITY BASED SERVICES TO SENIORS(C.B.S.S.)

Not answered	67	229	211	148	106
I don't know	3		3	3	2
I don't have any suggestions or comments	10	33	27	15	2
Satisfied of these services	5	1	12	8	4
Should continue these services	2	2	3		1
Services could be improved	1	16	6	7	5
More available community based services		8	2	2	6
CBSS available to all		1			
Make sure that the existing services be always available			4		
Be sure to keep in existence the services already offered		1			2
We want more services through and from the CBSS					1
No, we have enough services as is			1		
Elderly depend too much on services. We should only have them when really necessary			2		
Elderly should stay at home as long as possible	1		4		
Hot meals served at home	2	11	5	5	1
Improve Meals-on-Wheels; not the wheels but the meals				1	
That the basic necessities be provided to the elderly (housing,food and transportation)					1
More home-based services	2	3			
"Jack of trades" services for repairs around the house	1	9	9	4	3
Streets and sidewalks cleaning services	1		3		
Here are our only services: garbage pick-up, street lights and paved roads				1	
Have a free housecleaning service		13	30	8	4

The government should pay half of the maid's salary if she lives with us					1	
Nurse services at home		1	17	22	4	3
Hygiene nurse services			1	1		1
Free services from lawyers, doctors, dentists and nurses going to Golden Age Clubs			2	1		1
Abolish the user fees in the hospitals				1	1	2
Free ambulance services			2		1	1
More volunteered-based services				1	5	
Extra-mural hospitals				3		
Reopen Saint John West hospital					1	
Have clinics where you don't wait hours to see the doctor			2	2		
Have special clinics for feet					1	
Have village or out of city based clinics for the elderly		1	1	3		1
Create services for rural areas or villages				5		
Leave Medicare alone			1			3
More help from the Red Cross		1	1	2	3	
Have a friendly visit service		1	1	2	3	
Librairies					1	
Create more Community Centers for elderly with meals and medical services			2	1		
More gatherings in clubs with educated monitors		1		1		
Improve the exercise services with qualified instructors			1	1		
More Golden Age Clubs		1		2		
We need government funds to improve the CBSS					1	
The government should try to solve our problems with us						1
The government should not cut our services; we need them		1				

The more services we get, the more we are taxed		1			
That the CBSS people look after the elderly properly					1
Have residences in our parishes and not where we are lost(in a city)	1				
Voluntary transportation services	1	3	2	3	2
Yes,we need more CBSS but we should not count on the volunteers or their car(gas)	1		1		
We should support the volunteers for their excellent job				1	
Have someone check on the elderly and make sure that everything is fine		2			
Regional health clinics for those far from hospitals					1
Government should appoint people to look after seniors' needs		1	3		
Why does government take beds out of hospitals when we need them the most	1				1
Receive help from friendly visitors				1	1
Receive phone calls from volunteers for reassurance					1
Better protection for seniors and their homes				2	1
More police patrols on foot in seniors neighborhoods					1
Volunteers to bring us where we want		1	2		
Someone should take care of organizing social activities	2				
Having someone contacting us every day and making sure that every thing is fine	1				1
Create a community center where people can play cards, watch T.V. and sell crafts	1			1	
Institutions to teach people how to take care of elderly			1		

5. ADVISORY AND MONITORING GROUPS FOR SENIORS

Not answered	69	237	221	160	113
I don't know	3	2	4	3	3
No comments or suggestions to give	7	32	40	23	6
The questions are not clear enough for me to answer	1	1	1		
Satisfied of what exists and I think that a fine job is being done	2	4	7	4	2
Only if we really need it		1	2	1	
Yes, the government has to see to it	11	35	22	3	5
Would be useful if it was handled by elderly instead of professionals		2	4		1
Yes, it would be good to have people represented by all age groups	1		2	1	
Advisory groups	1	2		1	
A group of people visiting elderly and bringing a report to the government	3	1	3	1	1
The government should help the advisory groups				1	
Have one in each parish		5			
Have it expand throughout the province					1
Have a provincial and federal Minister to represent the elderly			20	1	
Listen to the elderly and help them with their problems	1		1		
We want trustworthy people who know what they say					1
Need of people to properly guide the seniors in a good way		1	1		
Yes, someone should see that our suggestions are being heard	1				
Yes, so they can help the elderly make the good choice between their house and a residence		1	1		

We need more social workers, advisors and counsellors to help us			1			
Need someone in the government to defend our rights			1	1		
Provide legal aid for seniors			2	2		
Financial advisors			2			
Not useful				3	3	
No, the taxes will go up				1		
No, it will only give money to a politician who will do nothing					1	
Spending money on surveys and then taxing us					1	
Stop talking to seniors as if they where 2 years old and stop preparing questionnaires like this one						1
We don't need that, is good as is						1
No, leave that to organizations for the elderly		1				
I don't think that these groups can help					1	
I think that services for these 5 items exist				1		
Have people visit us and report on our poor life conditions			3	1		1

6. MONEY MATTERS

Our problems are			1			
1. Our income is the same and prices go up						
2. Our income increase has been cut						
3. The residential property taxes will increase of 65%						
4. A $3.00 charge on our prescriptions						
5. A $3.00 or $6.00 charge for hospital user's fee						
6. A 10% sales tax on our residential properties						
Financial help for those whose parents live with them				1		
Abolish sales tax			1	1		
Free camping in federal parks						1
Free funeral services for seniors who only						

have Old Age Security	1			1	
Free drugs and medical services for those living below the poverty line					1
Government should raise pensions	2	3	3		4
Government should give elderly people more money		2		2	4
Government should abolish Unemployment Insurance It's a waste				2	
Government should abolish $3.00 fee on prescription			1	1	2
Why pay such high taxes?		1	1		
Abolish taxes for those below poverty level		2	1		1
Reduce taxes for Senior widowers			1		1
Abolish taxes for seniors			3	2	2
Abolish sales taxes		1	1	1	2
Rebates on products bought in store	1	2	5	3	1
"We should have 'food stamps' like in the U.S.				2	
They should take less time to forward our O.A.S. cheques	1				
A cheque per house is not enough to support a family				1	
25% discount for the elderly's diverse entertainments			1		
More financial aid (extra cheque with our pension)		1			
More funds towards our Golden Age Clubs		1	1		
The government should abolish the rental taxes			1		
Reduce all taxes for seniors; they have done enough for their country					1
That the elderly receiving more than $20,000.00 don't get their Old Age Security cheque				1	
I supported the government all my life, why should I pay taxes now that I only have 10 years to live			1		

Cancel the user's fee				1		

7. RIGHTS

We sould all have equal rights			1			
Seniors living at home should have the same rights as those living in nursing homes			1			

APPENDIX VI

LOCATION OF COMMITTEE HEARINGS

Date	Location	Time	Meeting Location	No. of Participants	Interviews
14-09-82	Richibucto	9 am	St. Aloysius Church Basement	33	-
		2 pm		-	1
14-09-82	Shediac	7 pm	Villa Providence	28	-
		8:50pm		-	4
15-09-82	Sackville	10 am	Wightman Lounge Drew Nursing Home	23	-
		2 pm	40 East Main Street	-	4
15-09-82	Moncton	7 pm	Club d'Age d'Or N.D. de la Paix Villa du Repos 474 Elmwood Drive	26	
16-09-82	Moncton	9 am	Club d'Age d'Or N.D. de la Paix Villa du Repos	13	1
		1:45 pm	474 Elmwood Drive	-	5
16-09-82	Sussex	7 pm	Conference Room Sussex Health Centre	20	-
17-09-82	Saint John	10 am	Auditorium Loch Lomond Villa	31	-
		1:30 pm	185 Lock Lomond Rd.	29	5
21-09-82	Shippagan	2 pm	Centre Universitaire	50	5
21-09-82	Bathurst	10:30 pm	Motel Danny	-	1
22-09-82	Bathurst	9:15 am	Theatre of Community	20	
		2:45 pm	College - College Rd	20	3
23-09-82	Tracadie	9:15 am	Conference Room Hotel Dieu Hospital	22	5
23-09-82	Néguac	7 pm	Church Hall	19	1
24-09-82	Newcastle	10 am	Lions Club	10	1
		1:50 pm		41	2

Date	Location	Time	Meeting Location	No. of Participants	Interviews
28-09-82	Dalhousie	2 pm	Town Hall	50	4
29-09-82	Campbellton	9 am	Campbellton Nursing Home Auditorium	100	1
29-09-82	St-Quentin	7 pm	Municipal Hall	36	4
30-09-82	Edmundston	10 am 2:15 pm	Club d'Age d'Or in Nursing Home	60 50	6
01-10-82	Grand Falls	9 am	Town Hall	23	2
05-10-82	Florenceville	2 pm	Masonic Hall	18	1
06-10-82	Woodstock	9:15 am	Pavillion Woodstock Arena	11	2
06-10-82	Fredericton	7 pm	Room G12 Centennial Building	10	
07-10-82	Fredericton	9 am 1:55 pm	Room G12 Centennial Building	7 -	2
08-10-82	St. Stephen	9 am	St. Croix Branch Royal Canadian Legion 43 Queen Street	37	3
08-10-82	Fredericton	3:20pm	Centennial	-	5
18-10-82	Moncton	2 pm	Lions Senior Citizens Center	90	2
28-10-82	Fredericton	2 pm 7 pm	St Dunstan church Centre Sainte Anne	20 12	
29-10-82	Fredericton	9 am	Centennial	-	4
29-11-82	Memramcook		Institut	-	2
07-01-83	Memramcook		Institut	-	3

APPENDIX VII

BRIEFS

Name	Organizations	Themes
1. Mme Cécile Grenier	Club d'âge d'or Richibouctou, NB	-C.B.S.S. - solitude - pension - protheses - education
2. Dr. Thomas Storm	Mount Allison University	- education
3. Mr. Bernard Richard	Citoyens aînés NB Zone 3	3 projects: - postal alert - let's be informed - clothing and living aids
4. Mrs. Beth Alderson Mr. Payson Rowell	The Greater Moncton Y M C A	- income - health - transportation - recreation and activity - home services
5. M. Jean-Guy Vienneau	Ecole d'éducation physique et de loisirs, Université de Moncton	- leisures
6. Dr. Thelma Keirstead	The Village Squares Alma, NB	- health needs - social needs - economic needs - education needs
7.a)Dr. Buick	The Department of Geriatric Medecine, Saint John Regional Hospital	- Some thoughts on the Care of the Elderly
b)Dr. Rodgers	"	- Hospital - Housing - Services
c)Mrs. Roberta Clark	"	- Extended Care in New Brunswick

8. Ms. Patricia MacNeil	New Brunswick Gerontology Association	- housing - Day Care Centers - elderly protection legislation - service delivery - prevention - Advisory Council
9. Mr. Donald Ayer	Senior Aid and Research Inc.	- housing - transportation
10. Mme Eugénie Roussel	Conseil Nord'Es des Clubs d'âge d'or de la péninsule acadienne	- taxes on property - protection legislation - housing - services
11. Mme Carmen Laroque	Association de gérontologie de la péninsule acadienne	- housing - information - services - recreation
12. M. Charles Mazerolle	Paroisse d'Inkerman	- housing
13. Mlle Sylvie Hébert	Hôpital Chaleur Bathurst	- education - housing - services
14. Mr. Kevin Mann Jr.	Teacher	- pensions - services
15. Père Donat Gionet	Centre de bénévolet de la péninsule acadienne Inc.	- image - integration - policies - education
16. Mme Yvonne Breault	Les Aînés de Tracadie	- recreation and fitness - housing - health
17. Mme Elisabeth Robichaud Soeur Claudette Haché	Projet de justice sociale de Brantville en collaboration avec les Religieuses de Saint-Joseph	- housing
18. Mrs. Eva o'Neil	Town of Newcastle	- problems of an aging population
18. Mme Emery LeBlanc	Campbellton Nursing Home	- services - housing - recreation - education

19. Mme Judith Thibodeau	Restigouche Hospital Center	- community Services - programs
20. Mrs Elizabeth Murray	The Restigouche and Bay Chaleur Soldiers' Memorial Hospital	- services - education - housing - health
22. Mme Denise Labbé	La Croix-Rouge Kedgwick, NB	- roles of Elderly
23. Dr. Alexandre J. Savoie	Le conseil d'administration des citoyens aînés de la zone de Nord-Ouest	- health - housing - finance - education
24. Mme Thérèse Couturier	Victorian Order of Nurses	- recreation - services - transportation
25. M. Michel Poirier	Hôpital Régional d'Edmunston	- health - housing
26. Mme Valderez Deschênes	Ministère de la Santé Bureau du médecin hygiéniste régional	- home care services
27. Mme Marcelle Fafard	Hôpital général de Grand-Sault Inc.	- health
28. Mrs. Debbie Burnes	Department of Labour & Manpower	- pensions - retirement - pre-retirement counselling
29. Mrs.Ruth R. Harris	NB Senior Citizens' Federation	Meeting the Challenge - health - roles - attitudes
30. Mr. Eric Gionet	New Brunswick Association of Social Workers	- services - education - Advisory Council
31. Mme Madeleine LeBlanc	Advisory Council on the Status of Women	- finance - health - housing - transportation - education

32. Mrs. Ann Henderson	VON New Brunswick Inc.	-health - services - pre-retirement planning
33. Dr. Gordon Fergusson	The New Brunswick Extra-Mural Hospital	- health care - services
34. M. Conrad LeBlanc	Centre Ste-Anne	- volunteers - housing - services - pre-retirement planning
35. Mrs. Bonny Hoyt-Hallett	The New Brunswick Association of Registered Nurses	- health care - coordination of services
36. Mr. A.M. Chipman	New Brunswick Pastoral Institute	- spiritual and religious needs - loneliness - education
37. The Medical Director	The Dr. Everett Chalmers Hospital's Board of Directors	- health care
38. M. Roger Godin Mrs. Roberta Hallam	NB Association of Volunteer Centers, Inc.	- volunteer Services
39. Mrs.Muriel Lutes Sikorski	Magnetic Hill Enterprises Ltd.	- health - nutrition - history
40. Mrs. Barbara McCarthy	Alcorn Center Ltd.	- services - finance - licensing and assessement
41. Mrs. Louise Dewar	Moncton Lions Senior Citizens	- woman alone
42. Mr. W.K. Morrissey Deputy Minister of Health	Department of Health	- housing - health services
43. Dr. Noël A. Kinsella	NB Human Rights Commission	- rights - descrimination
44. Mr. Doug Hosking	Special Home Care Assoc. (Moncton Chapter)	- standards - private enterprise

45. Mme Carmen Larocque	Résidences Mgr Chiasson	- day care center - services
46. Mrs. Katherine Carpenter	Senior Citizens Club of Marysville	- Ministry
47. Mrs. Ruth Dakin	Centenary-Queen Square United Church (Adult Day Care Center)	- Day Care Center
48. Mme Claudette Redstone	Restigouche Hospital Center	- special education

APPENDIX VIII

Analysis of Content

All statements of note made during hearings, briefings and interviews have been categorized by subject.

Following is a complete list of those comments most frequently heard during our study.

	HEARINGS					BRIEFS					OTHER					T
REGIONS	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
TOPICS																
1. PHYSIOLOGICAL NEEDS																
a) **Food**																
- Importance of proper nutrition as a preventative measure	8	2	3	1	1		2	1	1	3				1		23
- Need to have meals prepared properly		1		1						1		1				4
b) **Shelter**																
- Desire to stay at home. Try to keep people at home as long as possible	6	7	9	6	2		3	1		5		2		2		43
- Need to offer assistance to senior citizens living at home	2		1		1		2		1	1						8
- Need for household services for women living alone					1				1	1						3
- Waiting lists. Need for housing in town. More apartments. More facilities dues to lack of housing for seniors citizens	5	4	2	4	1		3	1		1		1				22
- Low cost housing required	3	1		1	2		2		1			1	1			12
- A building complex for senior citizens	1			1	1			2		1						6
- Foster homes			1													1

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- Abolition of mandatory retirement. Need for free choice - The right to work	3			3	1		2			7													16
h) **Politics**																							
- Install polling booths in retirement homes							1																1
- Involvement of the elderly in provincial and federal political organizations	1						1																2
i) **Services**																							
- Delivery services	1								1				1										3
- Meals on Wheels	7	3	2						1				3										16
- No meals on Wheels in rural areas	2	1																					3
- Community services: expectations of these services in certain areas	2	3	1	1			1	1															9
- CBSS in Community residences V.O.N.	1																						1
- Home visits by nurses. One visit by a nurse enables them to stay home	2		2		1		1						1	1									8
- Extra-Mural hospital services		1	1							1	3												6
- Extra-Mural hospital must be encouraged	1	2		1	1								2										7
- Need for services to combat loneliness			1				1																2
- Medical, hospital, ambulance services					1																		1
- Need for doctors to look after persons not in homes (doctor services)	1																						1
- Need for Day-Care Centre and Drop-In Centre	2	1	3		1		1	1	2	1	2		2			1							17
- Orthopedic services										2			1										3

- Special services: physiotherapy services					1					2																3
- Services in hotels, restaurants (tourism)						1																				1
- Clothing stores (help to get dressed)		1				1																				2
- Need for standardization of services		1	1								1															3
- Services must not compete or overlap with one another									1		1															2
j) **Volunteers**																										
- Volunteers work in various areas in order to improve quality of life	1	1	1																							3
- Young people to help the elderly	1	1														1										3
- Volunteers to prepare meals	1	2	2													1										6
- Need for volunteers to do errands for the elderly and help them stay at home for as long as possible	1	1	1								1					2										6
- Need for volunteers to help senior citizens in retirement homes		1																								1
- Need for volunteers for visit and work with organizations	2	1		3																						6
- Lack of volunteers	1	1	2		1																					5
- Volunteers in over 65 age group					1			1	1		1	1														5
- Problems with senior citizens becoming volunteers (transportation, etc.)	1																									1
- In rural areas, a lot of travelling for volunteers		1																								1
- It is often the same people doing volunteer work			2																							2
- Volunteer services are not completely free of charge. They need to be directed to be effective								1																		1

- People do want to help senior citizens with transport but is it expensive				2																					2
- Universities and Colleges should be prominent in promoting volunteerism in the Province					5																				5
- Volunteer work helps the community	1												1												2
- People are not prepared to accept volunteer work	1	1	3		2																				7

IV. **ESTEEM**

a) **Feelings about retirement**

- Change of role in society				1																					1
- Retirement: feeling of insecurity and loneliness	1			4	3					3	1	1	1	1											15
- Feeling of uselessness										1															1
- Feeling of financial dependence				1																					1
- Senior citizens in nursing homes are subject to depression											1	1													2
- Preparation for retirement: retirement plan, etc.	5	1			3						1		1												11
- Preparation for retirement courses	2	4	2	2	2								1												13
- Get people ready to leave their home				1										1											2
- Preparation for retirement begins with the pre-schoolers. Relations with grand-parents	1	2	1	2	1						1														8
- Recommendations with regard to social integration of senior citizens	1										1														
- Worry about aging				1		1							1												3
- It is the occupation of free time frightens people at the time of retirement						1																			1
- Feeling of retirement not as strong in women		1	1																						2
- Woman's role in husband's retire-																									

ment				1	1																				2
- Resignation of the elderly							1																		1
- Mental confusion and disorientation	1								1																2
- Avoid the idea of institutionalization	3		1				1		2	1								1							9
b) **Role in the family, in the community**																									
- Senior citizens are not invited to participate. Link between generations	2																								2
- The positive, useful role of seniors in the community. They can improve the life of the community	1	1	2	2	1			1	1	1															10
- Sharing experience. The experience of senior citizens is very rich and valuable	1	2	5	2																					10
- Need to live in the community and not in community institutions	1							1		1															3
- Role in the development and execution of programmes for senior citizens							2																		2
- Senior citizens can teach us a lot	1		2																						3
- Senior citizens must use their talents	1	1	2		1					1															6
- Important role: seniors could teach the younger generation	1	2	3	1																					7
- Offering seniors role gives them a reason for living					1																				1
- They must take control of their own situation			1		2																				3
c) **Attitude**																									
- Lack of motivation	1	1			1																				3
- Lack of participation				1				1																	2
- Negative attitude of the younger generation toward the elderly		1		1			1																		3
- The elderly treated like children	2		1	1																					4

- Lack of respect for senior citizens		2	2						1														5
- Lack of respect for elderly patients		1						1															2
- Negativism, defeatism and professional antipathy toward senior citizens among hospital staff									1														1
- Institutions should broaden their horizons. Change of attitudes at Universities	2																						2
- Create a better place for senior citizens in society					1																		1
- Society's negative view of old age must be changed	4							4															8
- Difficulty legislating attitude					1																		1
- Must provide mutual support for one another					1																		1
- People count too much on government institutions to look after senior citizens			1																				1
- Senior citizens must themselves participate in socio-economic decisions which affect them										1													1
d) **Image**																							
- Senior citizens are the projection of each of us in the last stage of our life									1														1
- Image clouded by myths								1															1
- Poor image. Senior citizens must contribute to changing the image	8	1		2	2			1	1														15
- The image is slowly changing	1			1																			2
- The Third Age University contributes to improving the image of senior citizens	1																						1
- T.V. is one method of changing the image	1		1					1															3

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GERIATRIC NURSING SURVEY

During February of 1983, a survey was conducted in the hospitals and nursing homes of New Brunswick. The intent of the survey was to gather information concerning the level of services offered to the elderly in the province's institutions.

The object of the research was to provide information regarding nursing education and qualifications, case load, admissions and separations, patient days and demographic data. In order to acquire that information, questionnaires were developed for hospital administration, nursing home administration and nursing personnel. A total of 36 hospitals and 52 licenced nursing homes were investigated. A total of 485 questionnaires were returned. Twenty-five from hospital administration and 22 from nursing home administration and 438 from nursing personnel.

Finally, a non standardized response was provided by individuals responsible for in-service education in 19 institutions.

This questionnaire was highly critized by some members of the New Brunswick Nursing Home community. While we attempt to empathize with such criticism by the community, we are compelled to question the validity of some of the responses we received in carrying out our mandate. More significantly was the degree of negativism and skepticism that followed our mailing of the questionnaire.

Such statements as, "We have no patients in our Nursing Homes but residents", quoted from a letter from the New Brunswick Association of Nursing Homes Inc., forces us to address the Province's Nursing Homes and ask if they have indeed clearly defined: what is a resident , and what is a patient? In light of the number of functionally incapacitated persons who are in our Homes, we must conclude that they have not.

While this particular question may be one of linguistic logistics, we feel it is representative of a more global concern and much broader problem in determining the quality and level of care being received by our seniors living in nursing homes.

The following Appendix has been included in this report as received by the Advisory Committee; this data has not been edited nor any attempt made to correct the presentation of this material. In the near future, a complete analysis of this appendix will be forwarded.

1. Statistics involving the personnel working with the aging.

A. Registered nurses statistics (1981) survey

1. Total number of registered nurses 5938
2. Number of registered nurses working in nursing homes or homes for the aged 335
3. Community health 251

B. Total number of registered nurses aides ... 96

2. Nurses in the community.

A. The V.O.N. Service

The primary function of the Victorian Order of Nurses is to provide nursing service on a visit basis to individuals and families in their own homes. All age groups are served, but the lenghtening life span has resulted in an increase in service to the older age group. Independence in self care is encouraged and with this in mind, health teaching, health promotion and rehabilitation nursing techniques, when indicated, are an integral part of each visit. The frequency and the length of the visits are dependent on individual needs.

In addition to the basic visiting nursing programs, local branches may administer other programs based on community needs, such as senior citizens counselling, occupational health hospital referral, paramedical examinations, school health and other preventive programs.

Nursing Homes

Requests are frequently received to provide nursing care to patients in nursing homes. It is not a general policy of the V.O.N. to give continuing nursing care to patients in nursing homes as it is the responsibility of the nursing home to provide its own nursing staff. However, there may be instances when it is indicated the V.O.N. could provide services. This would include service in an emergency situation, or for a specific condition. In such cases, the agreement for services would be between the V.O.N. and the proprietor of the nursing home.

The V.O.N. may be requested to give consultant service in rehabilitation to staff or selected patients in nursing homes. Such requests should be discussed with national office staff before being accepted.

As provincial laws vary in relation to the supervision of nursing homes, it is important to be familiar with provincial regulations.

Care to Patients in Other Types of Homes:

Requests may be received from persons living in senior citizens' homes, foster homes, boarding homes, where the individual is able to meet most of his own needs, but requires some nursing care. In such instances, services to such patients would be given. Orders for care would be received from the person's attending physician and arrangements for payment would be made with the individual.

Services Contracted

Services are often contracted to N.B. Housing units in various locations. Counselling and supervision are part of the program. Areas stressed: nutrition, medication, basic care such as pedicure, and overall health. Blood pressure clinics and reports to the doctor are done on a periodic basis. Individualized care is done, promotion of self care is encouraged (health teaching, promotion).

B. Public Health Programs

Program Description Long-Term Home Care For Seniors

The Departments of Health and Social Services jointly provide a support program to persons 65 years and over. The Department of Health calls its program "Long Term Home Care" while the Department of Social Services calls its program "Community Based Services For Seniors".

Task Description

The public health nurse, and the nutritionist or physiotherapist if necessary, visit seniors in their own home and provide them with:

1. Nursing Care
2. Nutritional counselling
3. Physiotherapy
4. Sickroom equipment
5. Medical supplies

Short-Term Home Care

Home-care program in the home for clients who are acutely ill. These clients generally come on the program after discharge from a hospital.

Task Description

The public health nurse, and the nutritionist or physiotherapist if necessary, visit clients in the home who are acutely ill and provide:

1. Nursing care; e.g., dressings, injections
2. Nutritional counselling
3. Physiotherapy
4. Sickroom equipment
5. Medical supplies

Clients generally remain on this program for a period of thirty days only, since the program is designed to care for clients who are acutely ill. After discharge from the short-term home care program, the senior citizen may be admitted to the long-term care program.

Health Clinics

Special health clinics are held in:

a. Rogersville
b. Blackville
c. Tabusintac

The client visits the clinic, which is staffed by public health nurses.

Task Description

The nurse may:

a. Assess the client for health problems
b. Provide health counselling
c. Refer the client to a physician or to other agencies.

Senior Education Project

This project consists of a series of three health educational sessions given to groups of senior citizens. The sessions were held in Fredericton Junction and plans were undertaken to provide this service in Boiestown and Zealand.

Task Description

The following health professionals provide an educational session, relating their expertise as it pretains to aging. The health professionals are:

a. Public Health nurses
b. Physiotherapist
c. Nutritionist.

Other, Community Nutrition Consultants

Definition

This is professional consultative and educational work in promoting nutritional health in an assigned region of the province.

Employees are responsible for the development, implementation and evaluation of a regional nutrition program. Work involves developing, in co-operation with public health services staff, a comprehensive nutrition education program, a community based resource center for therapeutic dietetic information and a food service consultation program to nursing homes, schools and other government institutions. Work is performed under the general supervision of the District Medical Health Officer and technical and program guidance is provided by the Director of Nutrition Services. The work relies considerably on responsible independent working habits.

Health Promotion

a) Objectives: To promote positive nutritional status and reduction of disease based on sound nutrition.

b) Basic Topics and Issues: Nutrient requirements with increasing age; weight control; influence of factors such as loneliness, limited activity, decreased incentives, therapeutic diets, fixed incomes, chronic invalidism, food fads, dental health on nutritional health, feeding programs and their availability.

c) Common Approaches and techniques: Nutrition counselling by nurses and nutritionists, consultation with community meal services such as Meals on Wheels, wheels to meals, participation in counselling and consultation services, in home care programs, consultative and educational support to home-maker services, senior citizen groups.

d) Future: Coordination of efforts of those involved in geriatric care such as nursing, physician, physical fitness, social service programs to develop expertise which can be applied to nutrition; expansion of consultation activities to nursing staff to support present counselling in home care, nursing home assessment interviews so that services can be integrated, strengthening of referral system for elderly, expansion of mass media (proven successful) to meet needs of elderly, expansion of group programs

in setting for the elderly, encouragement of the development of services, restaurant meals, institutional food services for elderly.

Nursing Facilities - Change of Environment

The sick elderly may appear confused and disoriented when moved to a new setting. This patient is often labelled according to first impressions. If given ample time and consideration a different evaluation could be made.

All possible efforts to create a therapeutic and home environment should be encouraged. Allowing the patient to bring a few cherished memories from home may help create this. The home environment may also be achieved by allowing the patient to do as much as he or she can. In the nursing home setting the ladies may help get a meal ready while the men tend to the gardening. This will increase their self esteem.

Over-medication

This is a severe problem, both financially and physically.

Patients are often prescribed 100 pills for their illness without knowing whether or not the medication will be effective. If not, the medication is stored either for a friend or for future use. This is very costly and dangerous for the patient. Why not prescribe medication for one week instead. If the desirable effect is noted, then a full prescription can be given.

Lack of information may cause serious harm to the patient. The patient may not ask or may forget what instruction was given. The population does not realize that the pharmacist has the knowledge to help in this situation.

Frequently patients will see one doctor, get a prescription, and if not satisfied see another doctor, and receive another prescription. The patient may have a family doctor but if he is seen in the outpatient department chances are a new physician will examine him. New medication may be prescribed although the patient may already be taking that pill or something similar. Results: Double dose, severe reaction, harsh interaction, all of which are very dangerous to the patient.

Patients wanting more tranquillizers or sleeping pills can go from one pharmacy to the next, thereby arousing less suspicion.

What can be done? A computerized system province-wide, would be a start.

Geriatric Nursing Survey

Survey to Hospitals and Nursing Homes (February 1983)

In order to gather pertinent information about the care of the elderly, in the Hospital and Nursing Home setting,a separate questionnaire was devised.

A Geriatric Nursing survey was sent to the 36 hospitals in our province. The survey was divided into two sections, one for hospitals with a structured geriatric unit and the other for hospitals without this unit. Along with this survey,a letter was sent to the in-service Education Department requesting a summary of the material dealing with geriatrics available to their personnel whether in a formal or informal manner. The personnel treating the elderly were then asked to fill out a short questionaire. A total number of 10 questionnaires per institution were mailed, each to be individually sealed in a white envelope.

In the 51 licensed nursing homes, the in-service Education Department received a letter requesting information on their program. The nursing staff (total of 10 institutions) were asked to fill out a questionnaire.

The information gathered should provide information regarding nursing education and qualifications, caseload, hospital admissions, separations, patient days and more.

GERIATRIC NURSING SURVEY

STATISTICS AND COMMENTS

NURSING PERSONNEL QUESTIONNAIRE

RETURNS	Personnel Questionnaire	Other	Hospital Survey	In-Service Education	Nursing Home
1. Nursing Home	7				1
2. Turnbull Home St. John, NB	7			1	1
3. Forest Dale Home Albert, NB	7			1	1
4. Not identify	5				
5. Foyer Notre-Dame de St-Léonard	9			1	1
6. St. Joseph's Hos. St. John, NB	8				
7. Lamèque	10				1
8. Centre Hospitalier Restigouche Campbellton, NB	37				
9. Lamèque Hospital Lamèque, NB	8		7		
10. Chaleur General Bathurst, NB	7		7		
11. Foyer Assomption Rogersville, NB	9	1		0	1
12. Tobique Valley Hos. NB	5		1		
13. Soldiers Memorial Campbellton, NB	7	1	1	1	
14. Not identify	9				
15. Not identify	8				

16. Grand Falls Hos. Grand Falls, NB	7	1	1		
17. Villa Sormany Inc Robertville, NB	8			1	1
18. Oromocto Publ Hos. Oromotco, NB	6		1	1	
19. Enfant Jésus Caraquet, NB	10		1		
20. Sackville Memorial Hospital Sackville, NB	6		1		
21. Grand Manan Hospital North Head			1		
22. Carleton Manor Inc. Woodstock, NB	5			1	1
23. Hôtel-Dieu Chatham Chatham, NB	8		1		
24. Dr. Everett Chalmers Hospital Fredericton, NB	32	1	1	1	
25. Dr. D.M. Cardiner Hospital Minto	9		1	1	
26. Campbellton, NB	7			1	
27. Hotel Dieu St-Joseph St-Quentin, NB			1	1	
28. Miramichi Hospital Newcastle, NB	10		1	1	
29. Hôtel-Dieu St-Joseph Tracadie, NB			1		
30. The Moncton Hospital Moncton, NB	10		1	1	
31. Hôpital Georges L.Dumont Moncton, NB	7		1	1	

32. United Church - Drew Home Sackville, NB	9	1			1
33. Villa Providence Shédiac, NB	10				1
34. Hôpital Régional Edmundston Edmundston, NB	8		1	1	
35. Hôpital St-Joseph Dalhousie, NB				1	
36. Fredericton	9				1
37. St. John Regional Hospital St. John, NB	10		1		
38. Hôpital Stella Maris Ste-Anne-de-Kent NB	8		1		
39. Nursing Home	9				1
40. Grand Falls Manor Grand Falls, NB	7	1		1	1
41. Rocmaura Inc. St. John, NB	10	1			1
42. Foyer Notre-Dame-de-Lourdes Bathurst, NB	7			1	1
43. Foyer Ste-Elizabeth Baker Brook, NB	10			1	1
44. Forest Hill Rehabilitation Cen. Fredericton, NB	4		1		
45. Gagetown	5				1
46. Charlotte County Hospital St. Stephen, NB	10		1		1
47. Sussex	10				1
48. Sussex Health Center	9		1		

49. Church of St. Stephen & St. John	10	1
50. North Head	10	1
51. Not identify	7	1
52. Not identify	9	1

A total of 439 hospital and nursing home personnel questionnaires were returned, out of which 191 were from nursing homes. Twenty three hospital survey questionnaires were accumulated. The in-service education departments forwarded 19 replies out of which 8 were from nursing homes.

WORKING STATUS

Responses	Total	%
Staff Nurses	186	42.4%
Assistant Head Nurse	10	2.2%
Head Nurse	36	8.2%
Supervisors	2	.4%
Directors of Nursing	5	1.1%
Registered Nurses Aid	76	17.3%
Nurses Aid	74	16.8%
Other	49	11.1%
Total Response	438	

From the 42.4% of the staff nurses who responded, 3.1% had a Bachelor of Nursing degree. Two head nurses, one supervisor and one director of nursing had their degree.

SCHOOL OF NURSINGS	YEAR OF GRADUATION	COURSES DEALING WITH THE ELDERLY
1. St. Andrews Community College	1977	Geriatrics
2. Albany Medical Center	1978	Geriatrics I, II, III
3. University of New Brunswick	1965	
	1974	
	1976	Some at end of course
	1977	Integrated
	1979	Nil
	1980	Integrated
	1981	
4. Bathurst School of Nursing	1960	
	1962	
	1962	
	1969	
	1970	1 Session
	1970	Lectures
	1971	
	1973	
	1974	Integrated
	1975	
	1978	
	1979	1 Chapter in
	1979	Medical Surgical Nursing
	1980	
	1980	
	1981	
	1982	Integrated
5. Miramichi Hospital	1941	
	1944	
	1959	
	1965	Geriatrics
	1966	Short Courses Geriatric Nursing
	1967	
	1969	Geriatrics
	1973	
6. Victoria Public Hospital	1942	
	1946	
	1948	
	1954	

	1955	
	1956	None Specific Integrated
	1956	
	1957	
	1962	
	1965	
	1966	
	1967	
	1967	
	1967	
	1968	
	1969	Medical Surgical Nursery
	1971	Geriatrics
	1972	
	1973	
7. Eastern Maine General	1955	
8. Turnbull Nursing Home		
9. Moncton Hospital School of Nursing	1956	
	1958	
	1961	
	1963	
	1968	
	1969	
	1973	Medical Nursing
	1975	
10. Hospital Regional Edmunston	1941	
	1950	
	1950	
	1969	
	1970	
	1970	
	1970	
	1973	
	1976	
11. Ecole de formation infirmiere Edmunston, NB	1975	
	1976	
	1976	
	1979	
	1979	Geriatric Nursing
	1980	Geriatric Nursing
	1980	
	1981	Geriatric Nursing
	1981	
	1982	
	1982	Integrated
12. Cegep Limoilou, Québec	1976	L'espoir c'est la vie. Physiothérapie et Ergothérapie

13. Montréal Québec Hopital Saint-Luc	1955	
14. Saint John School of Nursing	1963	
	1969	Geriatric Nursing
	1971	
	1972	
	1972	
	1973	
	1974	
	1975	Integrated
	1975	
	1975	
	1976	
	1977	
	1979	
	1981	Integrated
	1982	
	1982	Mental Health of aged
15. Hotel Dieu St.Vallée Chicoutimi	1953	
16. St.Joseph Hospital St.John	1946	
	1947	
	1956	
	1959	
	1968	
17. Royal Victoria School of Nursing	1943	
	1949	
	1967	
18. Ecole Notre-Dame de la Merci	1965	Gérontologie
19. Soldiers Memorial Hospital Campbelton	1947	
	1948	
	1951	
	1954	
	1954	
20. Cegep de Jonquiere. P.Q.	1979	Integrated
21. Georges L. Dumont	1969	
	1970	Techniques d'intervention en gerontologie
	1973	
	1974	
	1977	
22. Hotel Dieu Moncton (Assomption)	1951	
	1954	
	1955	

	1956	
	1960	
	1962	
	1963	
	1965	Integrated
	1967	
	1967	
23. Etudes en France (Nantes)	1972	
24. Oshawa General Hospital	1955	
25. Université de Moncton	1970	
	1974	Geriatric
	1975	
	1975	
	1977	
	1978	
	1980	Processus du vieillissement
	1981	
26. Hotel Dieu Chatham	1951	
	1952	Nursing Home Experience
	1954	
	1957	Integrated
	1962	Care for the Aged
	1969	Nursing Home Experience
	1971	
27. Saint John General Hospital	1946	
	1950	
	1950	
	1956	
	1956	
	1957	
	1957	
	1960	
	1962	
	1962	
	1964	
	1964	
	1965	
	1967	
	1968	Intagrated
28. Carleton Memorial Woodstock	1953	
	1962	
	1969	
	1970	Geriatrics

29. Saint Joseph School of Nursing Campbelton	1924 1953	
30. College de la Gaspésie	1982	
31. College de Rimouski	1978 1979	
32. Nova Scotia Hospital Darmouth	1965	Mental Health in Ceron-tology Aging Process
33. CBC	1976	
34. Sydney City Hospital	1960	None specifically
35. NH St. Joseph	1957	
36. Holy Cross Hospital Calgary	1946	
37. St. Clares Mercy Hospital St.John, Newfoundland	1938	
38. Charlotte County Memorial Chipman	1950 1953 1962	
39. Ecole de nursing Campbelton	1973 1976 1976	
40. Lakehead Register School of Nursing ,Thunder Bay, ONtario	1972	
41. Tracadie	1963	
42. Highland View Hospital Amherst, Nova Scotia	1949	Geriatrics
43. Chipman Memorial	1933 1948	
44. A.J. McMmaster School of Nursing	1976 1977 1978 1980 1981 1982	 Very little theory Integrated
45. West Brook College	1974	Medical Surgical Nursing
46. Halifax Infirmary School of Nursing	1969 1981	

47. Yarmouth Regional Hospital	1976	
48. Hospital for Sick Children Toronto	1966	
49. Red River Community College	1973	
50. Sherbrooke Hospital	1964	
51. Providence	1977	
	1979	
	1980	Integrated
	1981	
	1982	Integrated
52. Ottawa University and McGill University	1963	
	1967	
53. Saint Joseph Hospital Place Buy	1959	
54. Southern General Hospital	1961	
55. Scarborough Reg. Toronto	1971	6 weeks in chronic rehabilitation
56. Cegep de Gaspé	1979	
57. Cegep de Matane	1981	
58. Niagara Falls Ontario	1970	
59. Cegep Riviere du Loup	1977	
	1978	
	1980	Nursing théorie et stage (2mois)
60. Grace General Hospital St.John, Newfoundland	1971	Geriatrics during training
61. Metropolitan School of Nursing	1959	4 weeks in Nursing Home
62. St. John Newfoundland General Hospital	1960	
63. Hotel Dieu Campbelton	1966	
64. Saint Jeanne d'Arc Montréal	1949	
	1956	
65. Western Memorial Hospital Corner Brook,Newfoundland	1977	

66. College Saint-Jean Vianney Montréal	1977	
67. Cegep de Rimouski	1972	
68. Aberdun School of Nursing	1978	
69. Eastern Maine Bangor	1964	Little exposure to concentrated geriatrics
70. Victoria General Hospital	1947	Urology, Psychiatry
71. Hopital Notre-Dame	1956 1959	Geriatrics
72. Hospital London England	1951	
73. St.Rita Hospital School of Nursing, Sydney, Nova Scotia		

REGISTERED NURSES AID SCHOOL OF NURSING	YEAR	COURSES IN GERIATRICS
1. Hopital Saint-Vincent Ottawa	1980	Geriatrics
2. Trois-Rivieres	1966	Nil
3. Campbelton	1975	Nil
	1979	Nil
	1952	Nil
4. Tracadie	1960	Nil
	1964	Nil
	1965	Nil
	1967	Nil
	1968	Nil
	1968	Nil
	1970	Nil
	1971	Nil
5. Bathurst	1960	Nil
	1961	Nil
	1962	Nil

6. St. Andrews Community College	1978	Role of Gerontology Geriatric Nursing
7. Mount St. Joseph	1959	Nil
8. Woodstock Community	1978	Geriatrics-Development and disease of the aged
	1980	Geriatrics Basic Care
	1980	Geriatrics
9. Moncton Technical Institute	1960	Geriatric Nursing
	1962	Nil
	1962	Nil
	1964	Nil
	1966	Nil
	1970	4 weeks at the annex
	1972	6 weeks at the annex
	1979	Aged and chronically ill
10. Soldiers Memorial Hospital	1961	Cared of the Aged
	1966	Geriatrics
	1967	Geriatrics
	1968	Nil
	1970	Nil
	1970	Nil
	1971	Care of the elderly. Cardiac Care
	1973	Geriatrics
	1973	Geriatrics
11. St. John Community College	1964	Geriatrics
	1974	Gerontology
	1976	GEriatric Medecine
	1976	Geriatric Section
	1977	Geriatric Medecine
	1977	
12. New Brunswick Community Colleges	1950	Nil
	1966	Geriatric Section
	1968	Geriatrics
	1970	Geriatrics(2 months)
	1976	Geriatric Section
	1977	Geriatric Nursing
	1977	Geriatric
	1978	2 months theory and and practice
	1981	Geriatrics
13. Sir James Dunn Trade School	1970	Geriatrics
	1975	Nil

14. Hotel Dieu Chatham	1956	Nil
	1961	Nil
15, Lady Dunn Trade School	1966	Nil
	1966	Gerontology
	1970	Care of the Aged
	1974	Care of the Aged
16. Carleton Community College	1977	Geriatric
17. Hopital Sacré-Coeur	1969	Nil
Lac St-Jean, PQ	1969	Nil
18. Falconwood Hospital	1960	Nil
19. Darmouth Regional Vocational School	1980	Care of the Aged Geriatric Nursing
20. Ecole des métiers,Edmunston	1972	2 weeks practical
21. Ontario Government	1968	Geriatric Rotation

COURSES, WORKSHOPS, IN-SERVICE, FILMS

1. Geriatric 1 Week Course in Saint John

   Seven Registered Nurses, 2 Head Nurses and 3 Psychiatric Attendants mentioned having followed this course.

2. Courses in Gerontology

   Two Registered Nurses' Aides, 2 Nurses' Aides, 1 Head Nurse and 1 Registered Nurse mentioned being enrolled in a class or having followed such a course.
   (30 hours, 12 week length).

3. In-Service

   Three Nurses' Aides, 1 RNA, 1 RN, 2 Orderlies and 1 ward clerk mentioned having benefited from this type of information session.

4. Lecture

   Three RN and 1 Orderly attended lectures dealing with the aging.

5. Certificate

   Four Nurses' Aides, two RN's, one Activity Director and one pericultrice are enrolled in a certificat program.

6. Occupational Therapy

   One Registered Nurse's Aide followed a course in occupational therapy.

7. Reality Orientation

   One Registered Nurse, and 1 Nurse's Aide attended a course in reality orientation.

8. Psychogeriatric Course

   Three Psychiatric Attendants followed such a course.

9. Workshops

   Two Registered Nurses, two RNA's, one Nurse's Aide and one Psychiatric Attendant, one Head Nurse attended workshops dealing with the elderly.

10. Films

    Eight Psychiatric Attendants benefited from films.

11. Red Cross

Two Nurses' Aides mentioned having followed a Red Cross course.

GENERAL COMMENTS NURSING HOMES

ORDERLY III: My personal feeling about the seniors who are in Nursing Homes is that they don't have the proper care and time that they really need. Shortage of staff is our problem. We do not even have time to sit and talk with them. We do them up in the morning each their turn and this is really the only time we can talk with them. I wish our Department of Health would really look into this problem.

NURSES AIDE: The best recommendation that can be made to Government is increasing staff in Nursing Homes so that seniors can get the proper care they deserve. When we have knowledge but no time to practice it, it is just a waste. There appears to be an overload of staff in Geriatric units in hospitals but if the funds were divided properly for Nursing Homes there would be no Geriatrics in hospitals and perhaps enough staff per resident in nursing homes. Why can't an employer from the Department of Health come and spend one week and follow the routine of the staff and then sit down with a budget and make a proper staffing pattern? The only people who suffer from this mis-management of the Government funds for Geriatric patients is the senior citizen themselves. Please help!

RNA: Nursing Homes need more staff because of the level of care. I think that seniors should be evaluated better because there is different degrees of care especially in the level III stage. The public do not seem to be able to accept our seniors' residents and seem to overlook them.

NURSES AIDE: I feel now information in gerontology in the nursing home would be of help to staff. I also feel we could do more for our seniors if the work load was not quite so heavy.

RNA: More workshops required.

INFIRMIERE: Ceux et celles qui travaillent et veulent

CHEF

travailler en gériatrie devraient avoir des notions de base obligatoires données par la maisom ou chacun travaille et ceci payé par le gouvernement et qu'ils soient libérés par leurs employeurs. Ce qui pourrait être une heure par semaine et continu.

GENERAL COMMENTS HOSPITALS

Bachelor of Nursing

The fact that there is ample information does not lessen the need the to have "organized" courses in the care of the aged. This should be a priority educational program for all institutions.

Registered Nurse

To a degree, it is difficult for night staff to attend doctor's lectures due to sleeping hours. More tapes would be helpful.

Registered Nurses' Aid

I would like to attend workshops on gerontology. We need more activity for the seniors.

Registered Nurses' Aid

Having completed a week's course in Geriatrics, I found this most informative and would like to see more courses available in the future.

Head Nurse

We have access to the Saint John Unit - it has been a tremendous help to us.

Registered Nurse

Printed material is easy to come by but in-service with physiotherapists, speech therapists, etc. would be helpful.

Registered Nurse

I would like to see a unit for Geriatrics patients as it is now mixed with Medical and Surgical patients. There is little time for small things so important to the older patient.

NURSING HOME

Number of patients responsible for percentage 65 years of age and over.

REGISTERED NURSES

Number of Patients	% 65 years of age and over	
0-10		
6	100%	
6	99%	
6	100%	
7	100%	
8-10		
8-15	80%	
8	80%	
8	100%	
10-15	30%	
10-12	30%	
10-12	50%	
10-12	30%	
10-12	50%	
10-14	90%	
11	96%	
11	80%	
10-15	84%	
13	80%	
11-15	92%	
13		
16-20	%	
11-21	97%	
20-40		
30	100%	
30	100%	Head Nurse
30	100%	
30	100%	
33	100%	
34	98%	
34	98%	
36	88%	
36	88%	
36	91%	
30-50	100%	
38	92%	
38	100%	
40	82%	
40	100%	
40	100%	
40	100%	SUPERVISOR

40	68%	HEAD NURSE
40	68%	
40-60	100%	HEAD NURSE
42	100%	
42	93%	HEAD NURSE
43	93%	HEAD NURSE
43	93%	
43	93%	
43	100%	
50	100%	DIRECTOR OF NURSING
50	70%	
50	72%	
50	72%	
50	60%	
50	100%	
50	100%	
50	99%	
50	99%	
50	98%	
50	92%	
50	88%	
50	100%	HEAD NURSE
50	100%	
50	98%	
52	100%	ASS.HEAD NURSE
54	91%	
57	91%	
57	91%	
57	98%	
60	98%	
60	98%	
60	100%	HEAD NURSE
60		
60-80		
63	100%	
69	84%	
70	92%	
72	100%	
80-100		
81	98%	HEAD NURSE
93	95%	SUPERVISOR
100	95 %	
100	100%	
100	100%	
100	100%	
100-200		
103	99%	DIRECTOR OF NURSING
105	100%	
105	98%	HEAD NURSE
105	98%	

	106	98%
	200	100%
200-+		
	204	91% DIRECTOR OF NURSING
	205	100% GN 111

NUMBER OF PATIENTS RESPONSIBLE FOR PERCENTAGE
65 YEARS OF AGE AND OVER

REGISTERED NURSES AIDE

Number of Patients	% 65 years of age and over
0-10	
5-6	100%
6	100%
7	100%
6-7	100%
7	100%
7	100%
8	99%
8	100%
8	100%
8	100%
8-9	100%
8-9	99%
8-10	95%
6	100%
8-12	100%
5-10	100%
10-15	
10	100%
10	90%
14	98%
15	85%
11-22	99%
31	100%
50	98%
13-16	98%

NURSES AIDE

Number of Patients	% 65 years of age and over
0-10	
5-7	100%
5-7	100%
5-7	100%
5-7	100%

5-7	100%
5-7	100%
7	99%
7	100%
7	99%
6-7	100%
6-7	100%
7	100%
8-10	100%
6-12	100%
8-12	100%
5-7	100%
5-6	100%
5	95%
6	100%
8-9	100%
8	100%
8	100%
8-10	100%
7	100%
12	100%
10-15	
10	100%
10	94%
10	95%
9	67%
10	100%
7-10	30%
6-12	100%
8-12	100%
12	95%
12	94%
12	96%
12	98%
12	100%
12	100%
12	100%
14	78%
15-20	
15	100%
18	88%
18	88%
20-30	
20	85%
30	83%
30	90%
30	99%
34	100%
34	94%
46	97%
56	100%
6-10	

6-8	100%
8	100%
9	100%
9	84%
8-10	100%
8-10	100%
10	100%

HOSPITAL

REGISTERED NURSES

Number of Patients	% 65 years of age and over
4-6	
4	58%
5	40%
4-5	99%
5-6	100%
5-6	99%
6	66%
6	99%
6	100%
6	99%
6	50%
6	65%
6	100%
6	50%
6	70%
6	99%
6	99%
6	66%
6	99%
6	66%
6	66%
6	66%
6	50%
6	75%
6	50-75%
5-6	50%
5	50%
5-7 PATIENTS	
5-8	50%
7	100%
6-7	100%
6-7	100%
6-7	100%
6-7	100%
6-7	100%
7	75%
7	100%
7	75%
6-7	90%

6-7	70%	
6-7	67%	
7	33%	
6-7	80%	
7	50%	
7	71%	
7	50%	
6-7	90%	
6-8	50%	
6-8	100%	
5-10	95%	
7-10 PATIENTS		
6-12	66%	
8	50%	
7-8	50%	
7-9	95%	
8	50%	
8	50%	
8	100%	
8	33%	
11	72%	
11	72%	
10	75%	
10	80%	
10	70%	
10	80%	
9-10	100%	
9-10	100%	
6-10	100%	
10	75%	
10-17 PATIENTS		
16-12	90%	
11-17	90%	
13-15	100%	
14	35%	
13-16	70%	
16	44%	
16	95%	
16	56%	
16	56%	
17	88%	
17	58%	
8-16	90%	
17-25		
17	65	HEAD NURSE
12-24	100%	
16-18	88%	
6-19	75%	
15	66%	
15-30	66%	
19	84%	

19	84%
19	84%
20	45% HEAD NURSE
20	50%
20	50%
20	85%
20	50%
20	75%
21	38%
24	58% HEAD NURSE 58%
24	58%
25-30	
26	57% HEAD NURSE
26	50%
20-40	70%
30	83%
30	83%
30	83% HEAD NURSE
30	83%
30	83%
30	83%
30	86% HEAD NURSE
30	66%
30-40	
32	59% HEAD NURSE
32	53%
32	46% HEAD NURSE
33	40%
35	100%
36	44% HEAD NURSE
36	69%
36	75% ASSISTANT HEAD NURSE
36	75%
37	70% HEAD NURSE
40-60	
43	13% D NURSE
57	91%
60-80	
60	100%
60	100%
63	100%
63	100%
76	99%
78	99%
80-100	
100-150	
100	80%
105	30-50%
125	68%

150-200	
198-200	99%
200	99%

REGISTERED NURSES AIDE

Number of Patients	% 65 years of age and over
1-5	
4-6	99%
4-6	95%
4-6	50%
3-5	100%
5	60%
5	58%
5	100%
5	100%
5-10	
5-6	
5-6	100%
5-8	99%
6	37%
6	65%
6	99%
6	66%
6	67%
6-8	99%
6-8	95%
5-7	100%
7	95%
7-8	42%
7-8	100%
7-9	100%
7-9	100%
7	83%
7-8	100%
7-10	100%
8-10	33%
7-11	50%
8	33%
10	75%
10	10 %
10	100%
10	100%
10	100%
10	40%
10-20	
8-16	56%
12	50%
10-12	99%

20-40	
35	71%
35	71%
35	71%

NURSES AIDE

Number of Patients	% 65 years of age and over
1-5	
4-5	75%
5-10	
10	100%
10	100%
10	100%
10	100%
6-10	100%
7	100%
10-15	
14	71%
14	71%
14	71%
14	71%

Psychiatric Attendant

Number Of Patients	% 65 Years of Age and Over
1-5	
6-10	
6	63%
6	63%
6	63%
6	100%
6	99%
6	100%
6	100%
6	99%
6	99%
6	100%
6	100%
6	100%
6	63%
6	63%
6	100%
6	100%
9	77%
10	80%
10	80%
10	80%
10	85%
10-20	

10–15	80%
11	99%
15	53%
15	
11	
11	
20–40	
22	90%
25	92%
30	80%
30	80%
30	83%
40	62%
1–10	
4–6	100%

Years	% Registered Nurses	% Registered Nurses aide	% Nurses Aid	% Orderly	% Psychiatric Attendant	Secretary	Maintenance	Activity Director	Pueri-cultrice
1 & Less	24.33	16.43	15.71	14.28	18.18				
2	12.38	16.43	14.28	28.57	24.24	25%			
3	12.38	10.95	17.14	28.57	3.03			100%	
4	7.96	9.58	11.42		3.03				
5	8.84	5.47	10.00		6.06	25%			
6	11.94	10.95	10.00				100%		
7	3.98	1.36	4.28	14.28	3.03	25%			100%
8	4.86	1.36	2.85	14.28	6.06				
9	3.09	4.11	7.14			25%			
10	3.09	2.73	2.85		3.03				
11	.44	5.47							
12	1.76	1.36	1.42		3.03				
13	.88	1.36							
14	.88	2.73	1.42						
15	1.32	1.36							
16					3.03				
17	.44								
18					3.03				
19	.44				3.03				
20	.44	5.47			3.03				
21	.44								
# of Answers	226	73	70	7	33	4	1	1	1

A total of 461 persons answered this question.

Need For More Knowledge In Gerontology

Nursing Home

	Yes	No	Total
Number of Responses	179	9	188
Percentage	95.22%	4.78%	100%

A total of three Registered Nurses Aides and six Nurses Aides answered "no" to this question. The number of years in the unit for these nurses' aides varied from 2, 3, 5, 5 1/2 and 6 years. For the R.N.A. 22 months, 6 years and 7 years.

Hospital

	Yes	No	Total
Number of Responses	251	20	271
Percentage	92.62&	7.38%	100%

Eleven Registered Nurses, 3 R.N.A.'s, 2 Nurses Aides, one Ward Clerk and 3 Psychiatric Attendants comprised the negative response.

Do You Like To Care For The Seniors

Nursing Homes

A total of 192 persons answered this question. 99% answered "yes". One Registered Nurse having been assigned 13 years to the unit answered,"sometimes".

Hospital

	Yes	No	Total
Number of Responses	272	9	281
Percentage	96.8%	3.2%	100%

Out of the 9 negative or ambivalent responses, 5 were received from R.N.'s, 3 from R.N.A.'s and 1 from a Head Nurse.

Would You Like Your Hospital To Have A Geriatric Unit?

Two hundred and thirty respondents answered this question. Of those responses , 203 were positive and 27 were negative. The

negative responses are divided among the following professionals: Nurses aides 5, R.N.A.'s 3, Head Nurses 7 and R.N.'s 12.

Do You Encourage Your Patients To Help Themselves?

Nursing Home

A total of 193 persons answered this question ;191 answering "yes" and 2 answered "not as much as would like to".

Hospital

A total of 226 persons answered "yes" to this question. One Registered Nurse mentioned ,"not always".

Hospitals

Yes Answers	%	Number of Answers
R.N.	48.5%	49
R.N.A.	17.8%	18
N.A.	8.9%	9
H.N.		10
A.H.N.	3.9%	4
Orderly		1
By Attendant	8.9%	9

Total

Want More Information

R.N.	R.N.A.	N.A.	H.N.	Assistant H.N.
#%				
3			1	
3			1	

Comments

RNA - More Workshops Required
RN - Information Sources Are Improving, Room For Growth.

No R.N.	R.N.A.	N.A.	H.N.	Ass.	Psy Attendant
#75	29	4	9	2	25
%52	20%	2%	6%	1%	17%

Overall Percent

Yes 41.2%
No 58.7%

Total 99.9%

Do You Feel That More Information In Gerontology Should Be Made Available to You?

Nursing Home

"Yes" Answers	%	Number of Answers
R.N.	22.53%	19
R.N.A.	17.64%	15
N.A.	45.32%	37
H.H.	3.52%	3
A.H.N.	2.35%	2
Dir. of Nursing	2.35%	2
Orderly	5.88%	5
Dir. of Activities	1.17%	1
Other	1.17%	1
Total	100.00%	85

"No" Answers

R.N.	44.23%	46
R.N.A.	12.50%	13
N.A.	24.03%	25
H.N.	10.57%	11
A.H.N.	1.92%	2
Dir. of Nursing	.96%	1
Orderly	2.88%	3
Dir. of Activities	1.92%	2
Other	.96%	1
Total	100.00%	104

Comments

BN In Service programs greatly needed.

ADVISORY COMMITTEE ON THE DEVELOPMENT
OF PROGRAMS AND SERVICES TO SENIORS
IN NEW BRUNSWICK

GERIATRIC NURSING SURVEY

December, 1982

Hospitals with no Geriatric Unit
(Complete Section A)

Hospitals with a Geriatric Unit
(Complete Section B)

Address: _____

Phone: _____

Total number of beds: _____ for the year _____

Total Annual Separation: _____ for the year _____

Total Annual Patient days: _____ for the year _____

Completed by

Director of Nursing _____

Administrator _____

Section A (No Geriatric Unit)

A. What is the number of Registered Nurses working on the Medical unit on one shift? _____

B. How many nurses are specifically assigned to senior patients on one shift and indicate the number of beds? _____

_____

- What is the Ratio of Beds to Nurses? _____
- for Senior Patients? _____
- for other Patients? _____
- Number of separations (Patient days for Senior patients most recent year)

_____

C. What is the total number of Nurses working on the Medical Units?

_____

D. Staff

B.N. _____

Diploma _____

R.N.A. _____

Nurses Aids _____

Orderlies _____

Other _____

E. What other training in Geriatrics did the staff receive?

_____

F. Are there plans to establish a Geriatric unit?

Yes _____ No _____

If so, when _____

Number of beds _____

Staffing _____

Section B. (With Geriatric Unit)

A. What is the total number of R.N. working in the unit?

_____

B. What is the number of beds in the unit? _____

- Number of Annual Separations? _____

- Number of Annual Patient Days? _____

C. Date Unit was established _____

D. Nurses Training; Years in Unit

B.N.	_____	_____
Diploma	_____	_____
R.N.A.	_____	_____
Aids	_____	_____
Orderlies	_____	_____

E. What other training in Geriatrics did the staff receive?

_____

F. Ratio of patients to nurses _____

ADVISORY COMMITTEE ON
THE DEVELOPMENT OF PROGRAMS
AND SERVICES TO SENIORS
IN NEW BRUNSWICK

COMITE CONSULTATIF DE
DEVELOPPEMENT DE PROGRAMMES
ET DE SERVICES POUR PERSONNES
AGEES AU NOUVEAU-BRUNSWICK

SOEUR ANNE ROBICHAUD
CHAIRPERSON/PRESIDENTE

TO THE NURSING PERSONNEL

The Advisory Committee on the Development of Programs and Services to Seniors in New Brunswick needs your help in the accomplishment of its task.

The enclosed questionnaire is sent to you with the hope that you will complete it. The replies to the questions will be of great help as they will enable us to make sound recommendations to our government on the needs of seniors in our Province.

You can be assured that your answers will be treated confidentially.

Thank you in advance.

Yours sincerely,

Lise Cormier, R.N.

Members of the Committee:

Soeur Anne Robichaud, Chairperson
Mrs. Louise Adler
M. J. Léonard Arsenault
Mme Blanche Bourgeois
M. Lou Bursey
Mme Délie Chiasson
Mme Lise Cormier
Dr. K.C. Rodgers

1. Indicate your status with a check mark.

   B.N. _____

   R.N. _____

   Staff Nurse _____

   Assistant Head Nurse _____

   Head Nurse _____

   R.N.A. _____

   Nurse's Aid _____

   Other _____

2. Name of your school of nursing. _____

3. Year graduated. _____

4. What courses do you remember were specifically for the aged? _____

5. How long have you been assigned to this unit? _____

6. How many patients per days are you responsible for? _____

7. Of those patients, how many are 65 and over? _____

8. Do you feel the need for more knowledge about the care of the aged? Yes _____ No _____

9. Do you like to care for the aged? Yes _____ No _____

10. Do you encourage your patients to help themselves? Yes _____ No _____

11. Would you like your hospital to have a Geriatric unit? Yes _____ No _____

12. Do you feel that information in gerontology is readily available to you? Yes _____ No _____

APPENDIX X

DEPARTMENT OF SOCIAL SERVICES PROGRAMS

1. Community Based Services to Seniors (CBSS)

Community Based Services to Seniors is a program which aims to enhance the ability of seniors to retain their independence and participation in community life as long as possible. In meeting this goal, the program aims at encouraging and enhancing the responsibilities of family, relations and friends in meeting the needs of the senior.

The types of services available through this program, which is administered by the Department of Social Services, include: counselling; relief care; homemaking, day care, Meals-on-Wheels; transportation; home help; friendly visiting; and other voluntary support services.

To receive any of these services a person must be 65 years of age or over, live within the boundaries of the designated areas, and must be assessed to determine service need by a Social Worker from the Department of Social Services. To receive health services, you must be assessed by a public health nurse to determine your health needs. Medical orders from the family physician are required. No minimum residency period is required.

The cost of the support services provided through the CBSS program varies, from a flat rate for Meals-on-Wheels, to fees on a sliding scale for homemaking. The CBSS program now operates in all major cities in the Province, and in at least two smaller communities. This program operates in conjunction with the Department of Health's Home Care Program.

2) Adult Protection Services

The purpose of the Adult Protection Services Program is to provide protection to vulnerable adults, as defined in the Child and Family Services and Family Relations Act (section 34), who are unable to protect themselves or have no one to assist them in the period(s) of their lives when they are being harmed or threatened with harm. This service follows

the "crisis intervention" approach of intensive short-term intervention for a long enough period to stabilize the situation.

3) Community Placement Residential Facilities

a) Seniors Day Care Programs

Seniors Day Care Programs are intended to supplement family care of frail elderly persons. Two such programs are now operating in Nursing Homes in the Province, and one is operating out of a community agency. All three Day Care Programs are included under the jurisdiction of the Department of Social Services, Community Based Services for Seniors, and are partially funded by the Department. Participants pay a daily rate of $3.

Services that may be included in the Day Care Programs are life skills, church services, recreation and crafts, occupational therapy, some nursing supervision, meals and snacks, and transportation if necessary. At least one of the programs specifies that participants must be 65 years of age and over and have a mental or physical disability. Referrals may come from any community service, family, friends or the seniors themselves.

b) Adult Residential Facilities

Adult Residential Facilities provide residential accommodation for adults/seniors who are in need of special care to ensure daily living requirements and are unable to receive this care in their own home. The Facilities also provide emergency accommodation, respite care and temporary accommodation for those awaiting nursing home care.

These residential services are purchased on behalf of those seniors without financial resources who require residential accommodation.

The Department of Social Services is responsible for approval, licensing and monitoring (i.e., safety standards, care) of all such adult facilities.

4) Department of Social Services Special Programs for Seniors

a) As Parents Grow Older

"As Parents Grow Older"is an educational and preventative service to people with aging family members, friends and neighbors, with the aim of enhancing the quality of care

and life of seniors.

The aim is to contribute to a greater awareness by the community of the needs of its seniors, as well as increasing understanding and communication between elderly and younger family members.

b) A Stitch in Time

"A Stitch in Time" is a program designed for, and delivered to approximately 150 people over the age of 55 at six different rural Senior Citizens Clubs in Central New Brunswick.

The program consists of a series of four information sessions on the topics of general health concerns, nutrition, fitness and activity, and planning for living arrangements should advanced dependency occur. These sessions were delivered by public health nurses, a nutritionist, a physiotherapist and social workers, respectively.

c) Red Cross Services

i) Fun and Fitness

"Fun and Fitness" is a program of physical activity adapted to the needs and capacities of seniors in health care facilities and in the community.

Volunteer instructors, trained and certified by the Red Cross, conduct fun and fitness classes. Training consists of a 2-day workshop.

The objectives are: to improve general physical state (muscle endurance and strength; cardio-vascular endurance; balance; coordination; vital functions); to maintain and improve flexibility, thus facilitating daily tasks; and to provide an opportunity for social contact (group activities) and friendship.

ii) Friendly Visiting

Seniors receive regular visitors who will provide friendship and neighborly services (pick-up groceries, write letters, help with grooming, just be a friend).

Friendly visitors are volunteers who receive an orientation on the program.

The objectives are: relieve loneliness; create friendship; share ideas and interests; socialize;

develop a desire to remain independent in the community and encourage the senior to join in other programs.

iii) Telephone Reassurance

Volunteers make a friendly phone call at a specific time each day to seniors living alone.

Callers are volunteers who receive an orientation on the program.

The objectives are: provide companionship; assure the well-being of the individual; relieve loneliness.

iv) Senior Sitter

A relief service which allows the family of a dependent elderly person a few free hours, knowing that a responsible person is filling in for them.

Senior Sitters are volunteers who receive an orientation to the program.

Objectives: to relieve the family of a dependent senior.

v) Adopt-A-Grandparent

This program is designed mostly for seniors residing in senior apartments and nursing homes and who are in need of companionship or family-life relationships. Student volunteers would visit at regular intervals and perhaps take the senior to their home for an outing or meal.

vi) Drop-In Center for Seniors

Seniors come and spend an afternoon with friends or meet new friends while participating in different activities: a transportation bank for seniors who need to go out; outings at the local library; A.I.D. displays; card party; lunch and prizes. Music is often provided. In many cases, volunteers are in attendance daily serving coffee, tea, lemonade, etc.

vi) Transportation

Throughout 1983, Red Cross volunteers from Saint John area transported 30 seniors to doctors' appointments, hospital treatments, errands, etc. Twelve volunteers carried this out, totalling approximately 116 hours.

Other branches also provide this service whenever needed and if volunteers are available.

5) Welfare Services

a) Income Support Programs

Social Assistance is a program of financial support for any citizens of N.B. whose income is insufficient to meet their basic needs. Applicants must have income less than the monthly allowance provided by the Regulations, and liquid assets of less than $500 for singles and $1,000 for couples in 1981 in order to qualify.

For short term emergency assistance (1-6 weeks) vouchers may be issued for basic items such as food, rent, utilities, etc. Those receiving Social Assistance are also entitled to a Health Card which provides diagnostic and some emergency dental services, partial cost of dentures and denture repairs, partial cost of eyeglasses, prescription drugs, and hospital user fees. In addition, transportation for medical reasons, homemakers services for emergencies, and help with the cost of Nursing Homes care may also be provided under this program of the Department of Social Services.

Where necessary, specific consideration should be given to regulation sections:

R-13	6.10	Armed Services Number
R-15	6.17	Canada Pension Plan
R-16	6.19	Veterans
R-16	6.21	Old Age Pension and Guaranteed Income Supplement
R-17	6.22	Private Pensions
R-17	6.23	U.S. Social Security
R-18	6.29	Quebec Pension Plan
CELL	6.7	Active Special Assistance Case Applying for Nursing Home or Special Care Home Assistasnce